

UI/QC Program Improvement Study Reports

- CH-060* Quality Control Program Improvement Study Report (Summary): Earnings and Benefits Crossmatch Study - 1991-1992, February 1992 (Missouri Division of Employment Security).
- CH-061 Special Study Report: Phase I - Missed Separation Issues, May 1991 (New Jersey Department of Labor, Division of Unemployment and Disability Insurance).
- CH-062 Quality Control Program Improvement Study: Appeals Reversals of Separation and Job Refusal Decisions, September 1991 (State of Oregon Employment Division).
- CH-063 Quality Improvement Project Study Report: Benefit Year Earnings, September 1991 (State of Oregon Employment Division).
- CH-064 Quality Improvement Project Study: Use of Computer Line Flag in the Detection/Prevention of Benefit Mispayment, October, 1991 (State of Oregon Employment Division).
- CH-065 Quality Improvement Project Study Report: Return to Work, September 1991 (South Dakota Unemployment Insurance Division).

*Note: CH-060 is a study report summary; a complete copy of the report can be requested. See Att. B, Bibliography.

SPECIAL STUDY REPORT
PHASE I: MISSED SEPARATION ISSUES

The first phase of the Quality Control Special Study Project was completed on February 2, 1990, as scheduled. This phase targeted missed separation issues. The data was collected by reviewing sample claims from the third quarter of 1989 in four Grade I offices. The test offices were Deptford, Elizabeth, Paterson and Trenton.

Missed issues were determined by reviewing and verifying the reason for separation on new and additional claims that were coded and entered into LOOPS as "1" - Lack of Work, "2" - Misconduct or "3" - Voluntary Quit; observing the initial/additional claims-taking process at the counter; and reviewing employer protests that related to separation issues on the quarterly mailing of the employer charge notices.

FINDINGS

LACK OF WORK SEPARATION VERIFICATIONS

Of the 1200 initial and additional sample claims entered as lack of work, 442, or 37%, were eliminated. Reasons were: mass layoff, 231; invalid, 78; outside time period, 83; cancelled or federal claims, etc., 50. The working sample for lack of work separations was 758.

The last employer of each valid sample claim coded as lack of work was contacted to verify separation information and the receipt of forms. One hundred fourteen employers received and returned the Form BC-3E.1, Request for Separation Information, or Form BC-28, Request for Separation Information; twenty were matched.

Forty potential separation issues were missed. Thirty-two of these employers stated they returned the separation form. Fourteen forms were matched and filed in the claim jackets, but all fourteen issues were missed. Five percent of the sample had missed potential separation issues.

MISCONDUCT AND VOLUNTARY QUIT VERIFICATIONS

Eight hundred claims with a separation code of "2" -Misconduct and "3" -Voluntary Quit were reviewed. Three hundred eighty two claims were eliminated from the review for various reasons. Two hundred and seven of these claims were eliminated because no issue existed. The remaining claims were eliminated due to invalid monetary, failure to report, out of the sample quarter, and miscellaneous reasons (AT, cancelled claim, etc.).

The results of the 418 claims with separation issues that were reviewed were:

- . 123 claims required the generation of Form BC-289D, Notice of Determination of Eligibility, to the base year employer when separation was other than lack of work. Only thirty-eight employers were sent the BC-289D.
- . 5 missed potential separation issues when the claimant did not list the lag employer.

See Graphs 1 and 2.

OBSERVATION OF INITIAL CLAIMS COUNTER OPERATIONS

Each team observed initial/additional claims-taking process at the counter. The teams reviewed this process for several hours. The observation revealed that each office used different techniques of servicing claimants. The techniques varied from the use of claimant representatives and the seated waiting system, to one information line, where all issues are handled.

The offices normally utilized four to eight clerks, depending on the population of the claimants. In two of the offices the clerks were new employees with six weeks or less experience. Most clerks in the two offices did not have formal training at the time of the observation; consequently, any unfamiliar situations required them to consult with the counter supervisor. Some of the clerks lacked the experience necessary to detect separation issues.

In essence, the personnel handling the lines are fundamentally trained in claims-taking, but may not have sufficient knowledge to recognize all issues.

EMPLOYER CHARGE NOTICE PROTEST DUE TO SEPARATION ISSUE

Sixty-seven employer protests relating to separation issues on the third quarter of 1989 mailing of employer charge notices were reviewed. Thirty-three of these protests required generation of the BC-289D because the employer had not been notified properly. Ten protests involved potential issues. Twenty-four were general complaints that required a response.

See Graph 3.

RECOMMENDATIONS BASED ON DATA/OBSERVATIONS

Form BC-4A - Claim for Unemployment Benefits

The Special Study findings indicate a need to redesign the initial claim form. A major area of concern is the limited reasons for separation.

The redesign will enhance the claims-taking process. The recommended revisions allow the claimant to select from a more defined categorization of separation reasons. A space for a two or three word fill-in explanation is provided for other reasons not listed. This change will assist the counter personnel in distinguishing between separation for lack of work and a discharge. These revisions should help avoid missed separation issues and over scheduling to the non-monetary unit.

The union attachment question has been modified to identify those claimants who are affiliated with a union hiring hall.

The space for the badge/clock is eliminated because of its infrequent use and replaced with the employer's telephone number. The number will be readily available when needed to facilitate claims processing.

All employer information, dependency declarations/application and eligibility questions have been grouped together for continuity.

The dependency application question regarding marital status has been simplified for better claimant comprehension.

See Attachment A of revised format of the BC-4 and Attachment A.1 of the current format.

Form BC-4 - Additional Claim for Unemployment Benefits

The union hiring hall information has been added to aid in reviewing the certifications. This addition will alert the staff of status change since the date of claim. Citizenship status has also been added to aid in the completion of the local office activity form.

See Attachment B of revised format of the BC-4A and Attachment B.1 of the current format.

Form BC-28 - Request for Separation Information

Form BC-28 is used by all local unemployment offices, Interstate and the 4F Section of Disability for lag year employers. The Special Study findings show existing instructions are unclear. Interstate and 4F Disability require the return of every BC-28 with the completion of the front;

whereas, local offices require the return of BC-28 only in specific instances with the reverse side completed.

It was noted that some employers are completing the wrong side of the form. Many of these employers complete the face side of the form, then cross out the information and complete the reverse. Other employers fail to complete the reverse side when required while still others return the forms when they are not required to do so.

Form BC-28 was repeatedly mentioned by local office personnel throughout the state as needing to be revised. Employers constantly telephone local offices for clarification of instructions.

To resolve this confusion, two separate one-sided forms are being recommended. One form for local offices and a second form for Interstate and 4F Disability. The one-sided forms are less complicated and have simpler directions for employers. This will result in better compliance, less time spent processing forms for the employers and less mail to process for local offices. The proposed forms will resemble the format of the recommended revised BC-3.1E for the base year employers listed below.

See Attachment C of revised format for BC-28 and Attachment C.1 of current format.

Form BC-3E - Notice to Employer of Potential Liability

The revision to item B under "Important Notice To Employer" would clearly list when the employer is to return the form. To further accentuate if and when the employer needs to return the BC-3E.1, the information should be printed in bold type. This will make the information more distinct.

See Attachment D of revised format and Attachment D.1 of current format.

Form BC-3E.1 - Request for Separation Information

Many employers fail to provide the last day of work when completing this form. This question is currently item E. The revision relocates the question to item B which follows the reason for separation question. Also, the wording of this question is extended to ask for the "Date of discharge, if different." This addition eliminates the need to telephone the employer for the date discharged when it differs from the last day of work and adds to the continuity of the information request flow.

Section E. has also been revised to identify the reason for the severance pay. This will permit the local office to determine immediately whether the claim needs to be cancelled and will eliminate the need to call to the employer.

See Attachment E of revised format and Attachment E.1 of current format.

Form B-187 - Unemployment Benefits Charged to Experience Rating Account

A review of the employer protests of charges in the four study offices for the fourth quarter 1989, showed that all charges listed against these employers for the claimants were correct. A great amount of time is expended by personnel in Claims Control responding to these protests.

Revising the reverse side of the B-187 to include a brief explanation of the New Jersey Unemployment Law regarding voluntary quit will help eliminate many protests. It will also include a statement informing employers of the maximum time period of liable charges for an individual who was discharged, left or otherwise is no longer working for that chargeable employer.

These minor revisions should go a long way toward reducing charge protests from chargeable employers.

See Attachment F of revised format and Attachment F.1 of current format.

Bulletin/UIM

At times, when using ALFA to locate the lag employer's registration number, personnel fail to pay close attention to the names and localities of businesses, e.g., Acorn Landscaping, Franklin Lakes, N.J. vs. Acorn Landscapes, Magnolia, N.J. This type of error results in a notice of liability being sent to the wrong employer. The employer must then contact the local office to inform them that the individual did not work for his/her company and that the account should not be charged. The local office must then delete this employer from the claim, locate (via ALFA) the correct employer and generate the notice of liability with a redetermined monetary. This promotes confusion when several employers are being charged. Additionally, the first incorrect employer receives another notice of liability showing a zero in the charges column for the claimant. Few employers seem to notice the 0% charge and some become irate, prompting a telephone call or letter to the agency which must then be answered which in turn increases the time spent processing the claim.

A bulletin is being developed for issuance to local offices to reinforce the use of ALFA in an effort to reduce the instances of this type of error.

The revised format to the employer charge form will be included in a future employer update. This will alert employers to the changes as well as reinforcing the importance of completing the forms correctly and returning them promptly.

OTHER RECOMMENDATIONS AND PROGRAM IMPROVEMENT DEVELOPMENT

Multiple Logical Sessions (MLS)

The terminal(s) in the monetary area of the local office should have Multiple Logical Sessions. MLS will allow four times as many transactions at one time. A clerk who is entering data can remain on the screen while accessing another screen to obtain or verify an address via ALFA or ACCT. This will eliminate the time consuming steps of exiting and then clearing the current screen, accessing the ALFA or ACCT screen to obtain the needed information and then going through the LOOPS, sign-on procedure again to return to the original screen.

The use of MLS gives the illusion that more terminals are in operation and the more terminals in operation at a site, the faster the response time at that site. It is a minor operation to provide MLS and its inclusion with LOOPS on the monetary unit terminals can easily be done and will facilitate claims data entry.

The utilization of MLS on the terminals used in the Customer Service Unit of Disability Insurance increased productivity by twenty-five percent. Based on DI findings, UI productivity should also increase significantly.

Self Employment/Independent Contractor

A study was conducted of four local unemployment offices, by the Disability Quality Assurance Unit, to determine how each office was handling self-employed claimants. As was expected, each local offices was processing self-employment in various different ways.

The Paterson office resolved the situation at the counter while the Phillipsburg office called the claimant in to discuss the matter. Smaller offices gave this type of situation more attention than larger offices.

A similar study conducted by the unit resulted in ninety percent of self-employed individuals being included by State Plan Disability coverage.

During the QC Special Study a nonmonetary determination involving self-employment was reviewed. The employer did not have a registration number. The BC-28 was returned stating the claimant was self-employed. The claimant attended training provided by the company. The claimant's reason for leaving the company was the employees were expected "to work from morning to night." The claimant was denied for the refusal of suitable work and being self-employed. There was no documentation to establish the validity of self-employment.

In an effort to determine whether a claimant is self-employed, procedures and a questionnaire for employers and claimants has been designed and developed by the DI Quality Assurance Unit for State Plan, using the ABC's of the law.

It is recommended that local offices implement similar procedures for self-employment to ensure consistency in the processing of these situations in the local offices. This will also help the agency to provide better service to these claimants by assuring that employers are providing coverage as required by law for their employees so that unemployment or disability benefits will be there if they are needed.

Utilization of PC's in Local Offices

Currently most offices with PC's use them only to generate the monthly BC-32A report. Some local offices have WordPerfect software but personnel do not know how to use it. Training is needed to enable personnel to make better and more efficient their use of the PC's.

In a continuing effort to provide better service and to improve public relations, it is recommended that the PC's in local offices be used to store various letter format texts for writing to employers and claimants.

This will enable the offices to respond more rapidly to employers' and claimants' inquiries regarding separation issues or other problems with the claim. These inquiries often occur when employers receive their statement of charges for an individual who was separated for other than lack of work or when claimants are denied benefits. Often the employer or the claimant has simply overlooked the determination that was provided when the issue was resolved. The local office can then generate a personal letter to the party concerned advising him of what has taken place on the claim.

Similar text format should be provided to Benefit Payment Control to respond to the inquiries and charge protests from employers.

Resource Teams

It is also recommended that Resource Teams be developed to clean up BC-3E.1/BC-28 backlogs and answer outstanding employer correspondence. The teams will ensure that BC-289D's are sent by the local office when required and that potential issues are being resolved in cases where an issue has been missed and when necessary, ensure that refunds have been established and notification sent.

Form BC-10, Instructions for Claiming Unemployment Benefits

If the BC-10 is given to employees when separated, many of the problems that were discussed concerning the use of ALFA and ACCT functions to establish New Jersey employer registration numbers should be eliminated.

It is recommended that each publication of the Employer Update be used as a vehicle to remind the employers of the use of BC-10. One publication could include an informative article similar to the March 1990 edition. A subsequent issue could contain a facsimile of the form with cartoon character(s) making a statement about the BC-10. The facsimile will serve two purposes: first, to familiarize employers with the form and secondly, to remind employers of the need to use it. The form could also be photocopied by the employer while he is waiting for a shipment of the forms from the Bureau of Office Services.

In another publication, a coupon type form resembling Forms B-82/DS-136, Request for Forms, should also be made available to employers as part of the Employer Update. The caption for coupon might read "DO YOU NEED A SUPPLY OF BC-10'S OR ANY OF THESE FORMS? REDEEM YOUR FREE COUPON TODAY. OFFER LIMITED TO THOSE EMPLOYERS WHO WILL USE THE FORM. NO EXPIRATION DATE."

Initial and Continued Training

All local office personnel need on-going training in the area of claims taking and data entry to increase their confidence levels in performance of their jobs and reinforce standard local office operating procedures. Increased knowledge helps ensure quality service to the public. Knowing the importance of each area of operation and how it impacts the overall processing of claims will help improve the quality of information entered on forms at the counter and into the LOOPS system.

Current Special Study Activities

Since the completion of Phase 1, of the Special Study, team members have been working on program improvement and corrective action activities based on key findings of the study. These activities include an equipment survey, issuing a bulletin instructing local offices on the processing Forms BC-3E.1, BC-28, BC-289D and consolidation of material referencing the initial claims processing activity in local office.

These activities will help improve workflow in the local offices and allow them to operate more efficiently and provide better quality service to the public.

Equipment Survey

While conducting the Missed Separation portion of the Special Study, the study team members noted problems with the equipment use and locations. In one office there was only one LOOPS terminal in the nonmonetary section being utilized by five claims examiners and one senior examiner. The teams had to share the terminals with the claims examiners and monetary staff because of the need to access the wage reporting system data base. This made for difficult progress in the study data gathering process and pointed to a need for an equipment survey.

Members of the Special Study team were used to conduct an equipment survey in all local offices because of the problems which surfaced during the study and because of the many complaints received from the field concerning the arrangement of equipment, its accessibility and the need for additional equipment.

The findings revealed that the majority of copier machines are located in remote areas of some offices. This creates a workflow problem that is not conducive to efficient local office counter operation. Counter clerks must leave the counter and go to the rear of the office to make copies of claims documents.

The implementation of centralized payments has resulted in inactivity in the paystation and many printers are not being used in this operation any longer. These printers could be configured to the LOOPS terminals on the counter to be used when accessing a wage record inquiry (C100), and then to print a summary for review by the claimant to assure all employers are listed and that employers for whom the claimant did not work are deleted prior to a monetary determination being issued.

See attachments H1., H2., H3., and H4.

The following Recommendations are based on this survey and could be easily accomplished. A.) place unused printers near counter operations; B.) relocate copiers near the counter for easier accessibility; C.) explore the possibility of a desk-top copier in those offices where the floor plan does not allow relocating the existing copier; D.) relocate LOOPS terminals from the paystation to the nonmonetary section to facilitate BC-75 entry; E.) provide each office manager or his/her designate with a Wage Record System Request access to process additional and claimant or employer inquiries and train office staff in fundamentals of Personal Computer use.

Instructions for Forms BC-3E.1, BC-28 and BC-289D

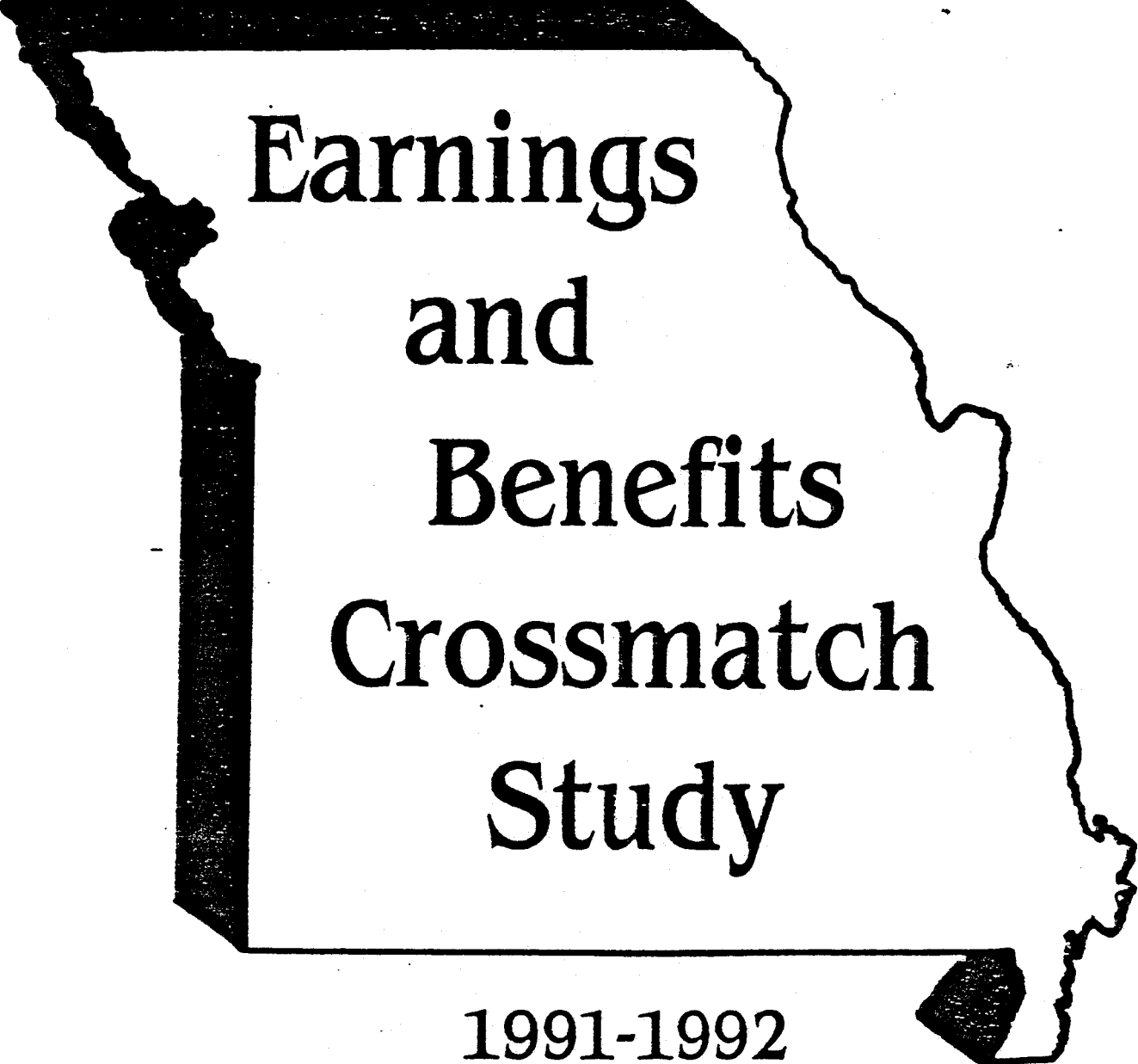
Research of UIM's, Computerized and UI-DI bulletins revealed that no formalized procedures exist for processing the BC-3E.1 or the BC-28 Request for Separation Information. The existing information in wage record workflow manual does not detail the procedure. While operators' procedure exists in the LOOPS manual for generating BC-289D's via Conversation D-170, there are no instructions for the complete processing of BC-289D's.

A UIM is being developed for the processing of BC-3E.1's BC-28's and BC-289D's in local offices. The proper processing of BC-3E.1's and BC-28's has a direct impact on the BC-289D's. When these forms are not being processed in accordance with procedures, it generally means the BC-289D's are not being generated.

This operation is handled differently in each office. The study shows this is a major problem area which impacts several work areas in the local offices and Benefit Payment Control. Because these forms are not handled in the local offices, the generation of BC-289D has become an additional task in BPC.

It is essential that the BC-289D's be processed in local offices and eliminated as an additional workload item in BPC. The proper processing of the BC-289D will result in BPC generating approximately 90% fewer notice of eligibility to employers. Despite our best efforts, there will still be those employers who do not respond to the initial request for separation information but react when their charges are received and BPC will still have to contend with these situations.

The development and implementation of complete procedures for processing BC-3E.1, BC-28 and BC-289D will only be as effective as the importance placed on it by district and local office managerial staff. It is important to stress to all managerial levels that this operation directly reflects our policy of providing quality service as well as good public relations to the employer segment.

A large, thick black outline of the state of Missouri serves as a background for the title text. The text is centered within the outline.

Earnings and Benefits Crossmatch Study

1991-1992

QUALITY CONTROL PROGRAM IMPROVEMENT STUDY

EARNINGS AND BENEFITS CROSSMATCH

1991 - 1992

COORDINATING TEAM:

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Maralyn Jones, Quality Control Supervisor
Sam Peterie, Claims Supervisor

INVESTIGATIVE STAFF:

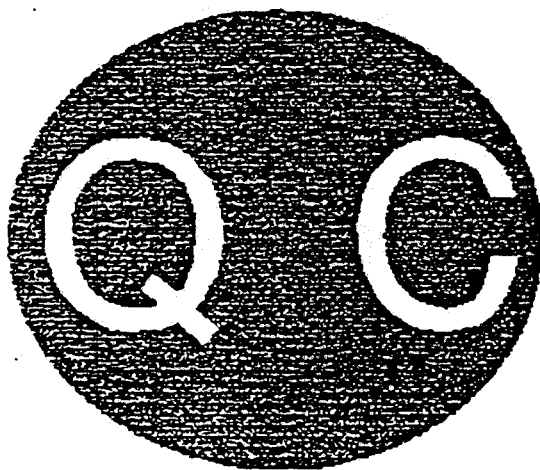
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February 1992

CH-061

SPECIAL STUDY REPORT

PHASE I MISSED SEPARATION ISSUES



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Quality Control Section
John Fitch Plaza Room 605
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PROGRAM DESIGN AND IMPLEMENTATION

The study was structured in three phases with the timeframe of April 1991 through March 1992. The crossmatch period selected to study was the quarter that was concurrent with the study time period, i.e. fourth quarter 1990. Phase I, Preparation and Development, collected the initial crossmatch notices through the point when second notices were generated to employers. Weekly monitoring of the crossmatch notices was conducted. The notices returned to the Division were reviewed and grouped by content of the employer response. An investigational questionnaire was developed with the assistance of UI management and individuals directly involved with different benefit payment control processes. QC investigator training was conducted. QC staff involved in Phase I were two QC supervisors, a claims supervisor and a research analyst. These individuals served as the coordinating team. Phase I ended July 11, 1991.

Phase II, Implementation, was the period of contacting employers and data collection by the QC claims auditors. Investigation assignments were given to the auditors. All interviews, audits and data coding were completed by November 15, 1991. Data were entered into a personal computer system, where applicable edit checks were written to validate data, then the data were transferred to a mainframe computing system to merge with pertinent UI mainframe data. Data analyses were initiated and conducted with the Statistical Analysis System (SAS). Phase II included an administrative update meeting in October. Phase II was completed by December 31, 1991. Phase II involved the coordinating team, a third QC supervisor and nine QC claims auditors. The third QC supervisor and the nine claims auditors were the investigational staff.

Phase III, Analyses, Reporting and Recommendations, was conducted by the coordinating team. The data analyses and writing of the final report and recommendations were the responsibility of the coordinating team. The final report was completed and presented to Division administrators, benefit payment control staff and data processing personnel involved in benefit payment control processes. The study officially ended on March 6, 1992 with the forwarding of the final report to the National Office through Regional Office.

PROGRAM RESULTS

The study developed a successful investigational questionnaire and gathered invaluable input from Missouri employers regarding the crossmatch process. Key factors in the successful development of the study were the involvement of UI administrators, UI program managers, benefit payment control and data processing staff.

UI PROGRAM IMPROVEMENT CLEARINGHOUSE

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PROJECT TITLE: 1991-1992 EARNINGS AND BENEFITS CROSSMATCH STUDY

OBJECTIVES

From 1988-1990, the Missouri Quality Control (QC) program found incorrect reporting of benefit year earnings as the major cause of overpaid unemployment insurance (UI) benefits. Missouri's primary source of detecting overpaid benefits is the crossmatch of benefit payments data with quarterly wages reported by employers. Division crossmatch research in 1989-1990 indicated there could be potential improvement in recovery of overpaid UI benefits if more Missouri employers were active in providing requested earnings data. The 1991-1992 Earnings and Benefits Crossmatch Study defined active employer participation and gathered information from employers who did and did not fully meet the definition.

Specific objectives of the study were:

1. Identify the specific reasons why some employers involved in the crossmatch process have not provided requested earnings information.
2. Identify the specific industrial classifications for all employers involved in the crossmatch quarter in relation to those who have not provided requested information.
3. Determine the geographical area employers are from, for all employers involved in the crossmatch quarter in relation to those who have not provided requested information.
4. Determine if the Division is working directly with the employer or through an actuarial firm, for all employers involved in the crossmatch quarter in relation to those who have not provided requested information.
5. Determine the degree of difference in the amount of benefits the claimant was actually entitled to had the employer actively participated in providing the requested earnings information.

Ten recommendations addressed specific areas that would yield a more efficient and effective crossmatch process.

1. Revision of the written notice sent to employers requesting earnings data. Missouri employer input and crossmatch forms from other states helped to formulate six specific items to include in form revision. The recommended revisions included development of a scannable document to accommodate the transition into further automation of benefit payment control processes.
2. Development of easy to understand instructions and examples to show how to properly complete the form.
3. Development of methods for increasing employer awareness about the purpose of the crossmatch process to define what it is and isn't.
4. Revision of internal procedures to accurately measure and monitor the crossmatch process.
5. Development of management information that will keep the crossmatch criteria current with the employer and Division needs and economics.
6. Development and implementation of an updatable address file which routes crossmatch correspondence to where the employers want the notices to be mailed.
7. Consideration to implement bulk mailing to and from employers.
8. Development of enhanced automated data processing systems to send, receive and record status of crossmatch notices received from employers.
9. Provide study information back to the employers who were involved in the study.
10. Evaluation and possible discontinuance of the second notice requesting earnings information.

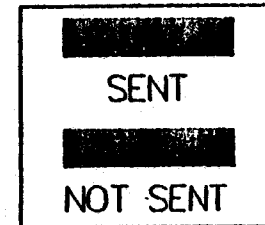
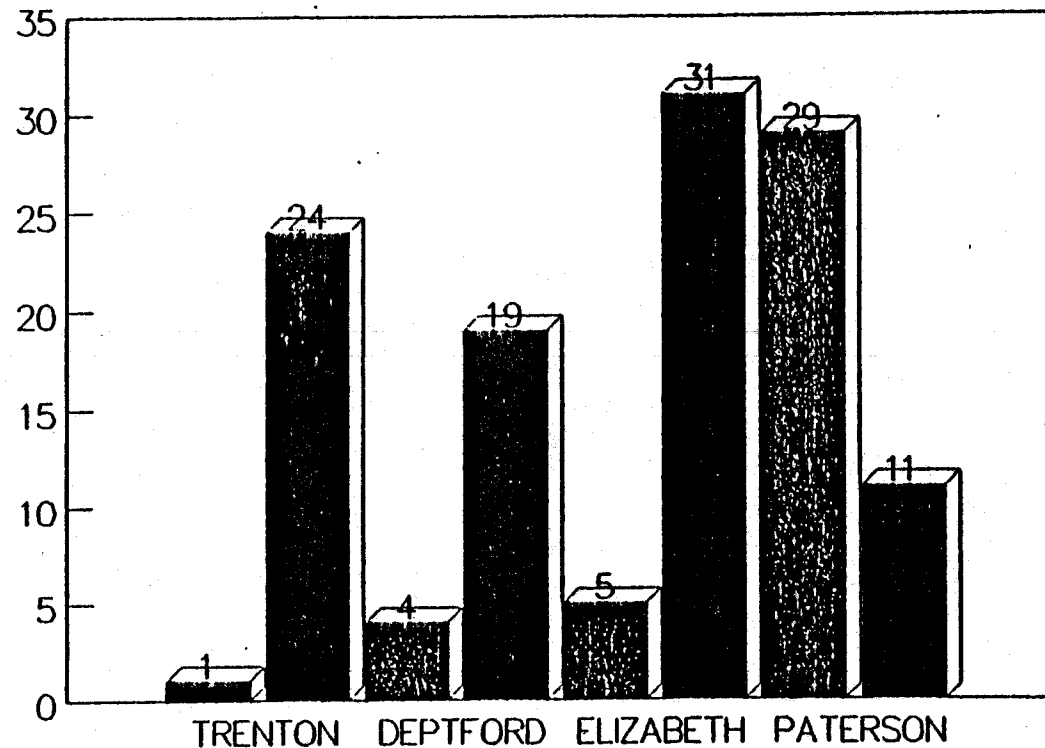
Division UI management have actively accepted the findings of the study. Prior to the study, physical restructuring of the benefit payment control program was being planned. The findings of the study have provided positive guidance to UI management in their restructuring recommendations for the benefit payment control program.

RESOURCE REQUIREMENTS FOR STAFFING AND FUNDING

The study was funded through the regular QC program. No special sources of financial funding were required from other UI funds. The study proposed the usage of one full-time position for coordination of the study during Phases I, II and III. Two full-time QC claims auditor positions were allocated for Phase II, the six month investigational period. During Phase II, the QC case workload was reduced by 100 cases. For Missouri, the mandatory case requirement without reduction due to conducting an approved UI program improvement study was 1000 cases.

BC-289D

ISSUANCE VS. NON-ISSUANCE



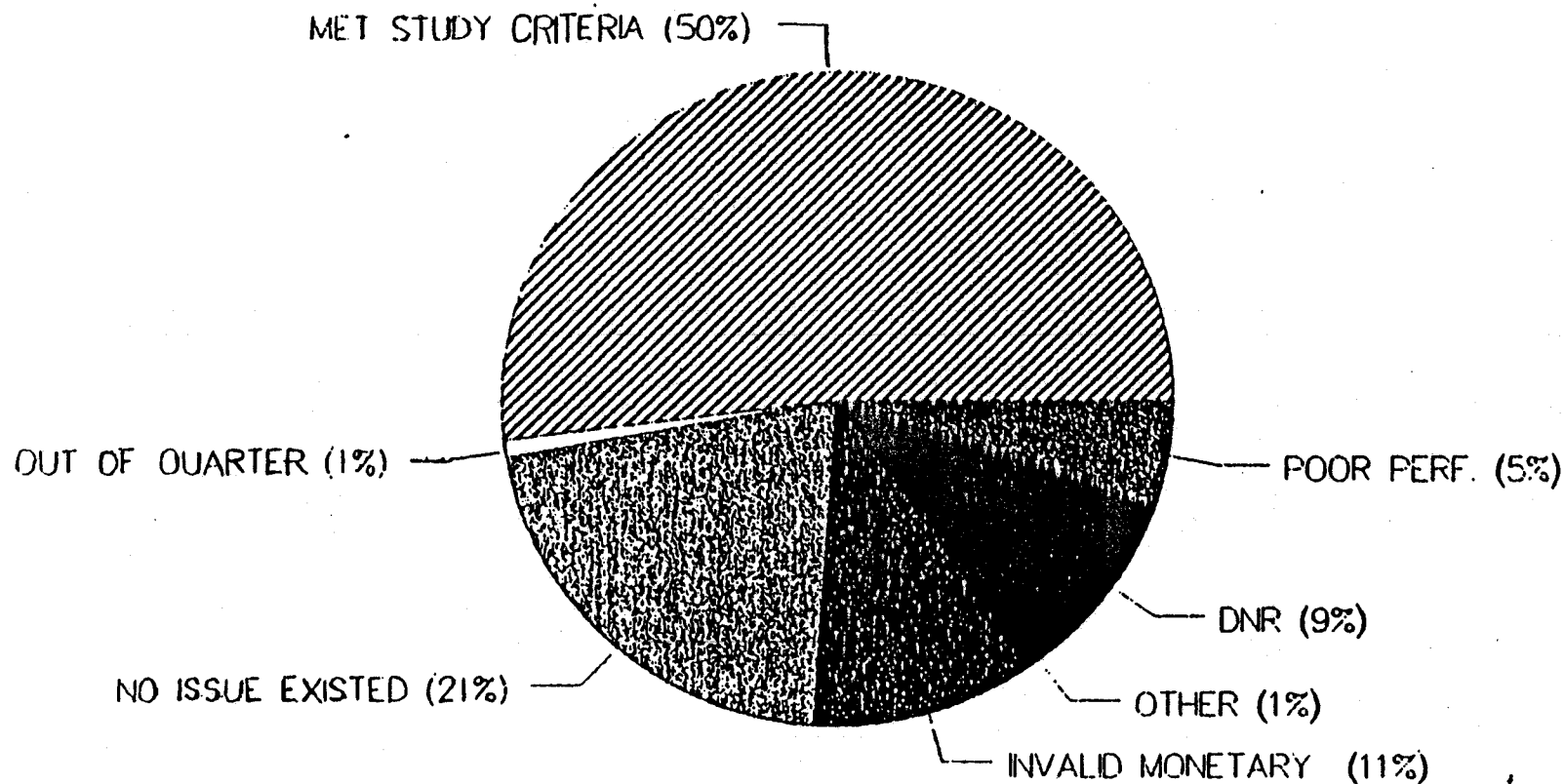
- # BC-289D = 123
- # BC-289D Sent = 38
- # BC-289D Not Sent = 85*

* Under current workflow Benefit Payment Control would generate BC-289D based on the employers protests.

LOCAL OFFICE NAME

This reflects claims where the last employer tolled out a previous voluntary quit issue or the disqualification period of a misconduct issue had elapsed.

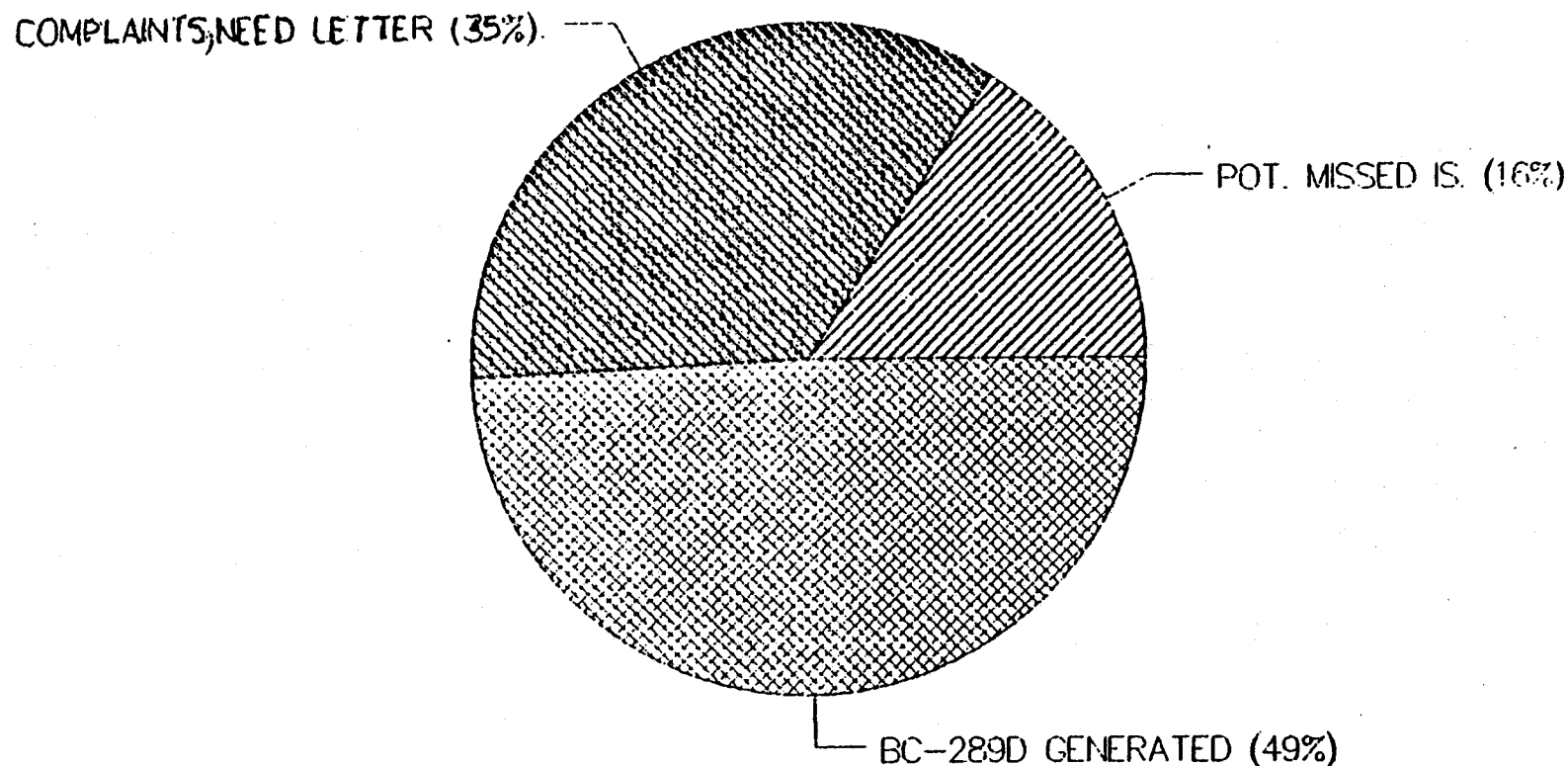
MISCONDUCT AND VOLUNTARY QUIT SEPARATION ISSUES



Sample Size = 800 claims

Initially when these claims were filed, an apparent separation issue existed. These claims were coded "2" - Misconduct and "3" - Voluntary Quit and entered into the LOOPS system.

B-187 EMPLOYER CHARGE PROTEST



Sample Size = 67 protests relating to separation issues on the 3rd quarter '89 mailing of the employer charges.- The sample reflects only protests in the 4 test offices.

CLAIM FOR UNEMPLOYMENT BENEFITS										PLEASE PRINT			DO NOT WRITE IN SHADED AREAS			Social Security Number		
State of Claim	LO #	PC	Birth Date	Sex	Sep Code	Last Date Worked	Job Location	Date of Report										
Weeks 1-100 <input type="checkbox"/> Inv <input type="checkbox"/> No Rec. <input type="checkbox"/> ME <input type="checkbox"/> MQ <input type="checkbox"/> Supp <input type="checkbox"/> All Lg <input type="checkbox"/> INC <input type="checkbox"/> RID <input type="checkbox"/> Dng <input type="checkbox"/> Qep Trans <input type="checkbox"/> VSS <input type="checkbox"/> Set Pend																		
Claimant's Last Name			First Name			Initial			Corp	Union	MWE	Citizen	Educ	Dep	Stu.			
Mail Address Street or R D										8 Are you a member of a hiring hall union? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes and you obtain work through a union enter Local # _____ Name _____ Address _____								
City			State			Zip Code												
Place of Residence (City, Town, Township, or Borough, if different from Item 3 above)										9 Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" give Alien Registration No. _____ Country of Origin _____								
Telephone Number						Municipal Code				10 Years of education Circle one 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 or more								
Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth		Mo		Day		Yr		11 Ethnic Group. (For statistical purposes only) <input type="checkbox"/> White, Not Hispanic <input type="checkbox"/> American or Alaskan Native <input type="checkbox"/> Black, Not Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic								
PRINT information below for your most recent employer. You should provide the PAYROLL ADDRESS for the employer you list.																		
Name MOST RECENT EMPLOYER										Began Work		REASONS FOR SEPARATION <u>Lack of Work</u> <input type="checkbox"/> Discharge <input type="checkbox"/> No Work Available Absenteeism <input type="checkbox"/> Company Reorganization Job Performance <input type="checkbox"/> Partial Benefits Other, explain _____ <u>Voluntary Quit</u> <input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Retirement <input type="checkbox"/> Personal Reasons <input type="checkbox"/> Mutual Agreement <input type="checkbox"/> Company Relocated How many miles? _____						
Street Address										Last Date Worked								
State Zip Code										Phone Number								
Location of this job (if not at address above)																		
City																		
Occupation on this job				Name you worked under (if different from Item 1 above)														
If you were, or will be paid for any days after your last day of work, enter. Amount \$ _____ Representing wages through _____ 19____ Reason: _____																		
										If temporary layoff, how many weeks? _____				Registration No. BC-2B <input type="checkbox"/>				

(cont'd on next page)

(continued from previous page)

Other than your last employer, within the past 18 months were you

a. Employed by the Federal Government? ☐ Yes ☐ No b. Employed out of state? ☐ Yes ☐ No

c. Separated from any other employer for a reason other than lack of work? ☐ Yes ☐ No

If you answered yes to any of the above questions, enter the employer's name, address, and dates of employment below.

1		Began Work:	REASON FOR SEPARATION	
Address		Last Date Worked:	<input type="checkbox"/> Lack of Work	<input type="checkbox"/> Discharge
State Zip Code		Phone Number	<input type="checkbox"/> No Work Available	Absenteeism
Location of this job (if not at address above)			<input type="checkbox"/> Company Reorganization	Job Performance
City			<input type="checkbox"/> Partial Benefits	Other, explain
Position on this job	Name you worked under (if different from Item 1 above)		Voluntary Quit	
			<input type="checkbox"/> Retirement	<input type="checkbox"/> Strike/Lockout
			<input type="checkbox"/> Personal Reasons	<input type="checkbox"/> Other
			<input type="checkbox"/> Mutual Agreement	
			<input type="checkbox"/> Company Relocated	
			How many miles?	
2		Began Work:	REASON FOR SEPARATION	
Address		Last Date Worked:	<input type="checkbox"/> Lack of Work	<input type="checkbox"/> Discharge
State Zip Code		Phone Number	<input type="checkbox"/> No Work Available	Absenteeism
Location of this job (if not at address above)			<input type="checkbox"/> Company Reorganization	Job Performance
City			<input type="checkbox"/> Partial Benefits	Other, explain
Position on this job	Name you worked under (if different from Item 1 above)		Voluntary Quit	
			<input type="checkbox"/> Retirement	<input type="checkbox"/> Strike/Lockout
			<input type="checkbox"/> Personal Reasons	<input type="checkbox"/> Other
			<input type="checkbox"/> Mutual Agreement	
			<input type="checkbox"/> Company Relocated	
			How many miles?	

If you file a claim for unemployment benefits, I certify that the above statements are true. I realize that the Law provides penalties for making statements to obtain benefits. I also understand that this information is confidential, however, under Section 1137(a)(6) of the Social Security Act, this data may be used to provide an income and eligibility verification system for exchange of information between state agencies administering programs under a plan approved under Title I, X, XIV, XVI, of the Social Security Act.

I declare, under penalty of perjury, ☐ that I am a citizen or national of the United States, or ☐ that I am in a satisfactory immigration status (check One).

Claimant's Signature _____ Date _____

(This form may be authorization for the first payment of benefit.)

Filed _____ Claims Agent _____

ON 5.

- ☐ ☐ When you are working, are you the main wage earner in your household?
- ☐ ☐ Are you presently ready, willing and able to work full time?
- ☐ ☐ If offered a job, could you begin work at once?
- ☐ ☐ a. Are you or have you been a student in full time attendance at an educational institution within the past 18 months?
- ☐ ☐ b. Are you currently enrolled or do you plan to enroll in a job training or college course? If so, when? _____
- ☐ ☐ Are you a corporate officer or do you hold more than 5% equitable or debt interest in any corporation for which you worked?
- ☐ ☐ Did you file a claim for benefits within the past 12 months? If yes, where? _____
- ☐ ☐ Are you working part-time for your regular employer or any other employer?
- ☐ ☐ Are you self-employed or in a business of any kind?
- ☐ ☐ Are you related to the owner of any business where you were employed during the past 18 months?
- If yes, name of the business: _____
- Nature of relationship: _____
- ☐ ☐ Have you applied for or are you receiving any pension (private or government), social security, disability benefits or workers' compensation? If yes, I am receiving \$ _____ per month from _____
- If payment was lump sum, enter amount \$ _____

Classification

Claimant's Signature

AL OFFICE USE ONLY

MONETARY DETERMINATION

[illegible]

(cont'd next page)

(continued from previous page)

DEPENDENCY BENEFITS

Under the provisions of the New Jersey Unemployment Compensation Law you may be entitled to a dependency allowance for a maximum of dependents. If you are legally married and your spouse is employed at the time this claim takes effect, you will not be eligible for a dependency allowance. You must supply the social security number of your spouse and any dependent 16 years of age or older if the individual has a social security number. You are required to provide proof of dependency for the children listed as dependents. One or more of the following documents is acceptable as verification of dependent status: your most recent federal or New Jersey income tax return, or income tax return from another state; birth certificate; support order, adoption decree or other relevant court documents. Photocopies are acceptable. Failure to provide proof within 28 days of the date of claim will result in refund demand for all moneys paid as a dependency allowance. No further dependency allowance will be paid on the claim unless verification is provided.

Do you wish to claim dependency benefits? If yes, YOU MUST COMPLETE THE APPLICATION FOR DEPENDENCY below. Yes ☐ No ☐

APPLICATION FOR DEPENDENCY BENEFITS

If you are claiming dependency benefits complete items a through d:

a. Are you legally married? Yes ☐ No ☐

b. If yes, is your husband/wife currently working? Yes ☐ No ☐

c. What is the total number of your dependents? _____

Please complete the following information:

C. What is the total number of your dependents? Please complete the following information:								DO NOT COMPLETE LOCAL OFFICE USE ONLY			
Name of Spouse and/or Dependents	Age	Social Security Number	Relation To You	Married		Employed		Eligible		Type of Verification Provided	By
				Yes	No	Yes	No	Yes	No		

d) If any of the above-listed dependent children over age 18 attend a public or non-profit educational institution on a full-time basis, please specify which individual(s) and provide the name of the school(s).

ATTACHMENT A.1

APPLICATION FOR DEPENDENCY BENEFITS

If you are claiming dependency benefits complete items a through d:
Yes ☐ No ☐

a. If you are legally married and deriving dependents, is your spouse employed?
If YOUR SPOUSE IS EMPLOYED AT THIS TIME THE CLAIM TAKES EFFECT, YOU WILL NOT BE ELIGIBLE FOR A DEPENDENCY ALLOWANCE.

b. What is the total number of your dependents? _____

c. Please complete the following information:

Name of Spouse and Dependents	Age	Social Security Number	National Tax YCA	Married Yes No	Employed Yes No	Eugene		Type of Verification Provided	By
						Yes	No		

d. If any of the above listed dependents are covered by a third party's plan or are protected persons under a life insurance policy, with a dividend or other financial interest:

[illegible]

TO THE CLAIMANT: IF YOU ANSWERED YES TO ITEM 5 ON THE REVERSE OF THIS FORM, ENTER THE EMPLOYER'S NAME, ADDRESS, AND DATE OF EMPLOYMENT BELOW:			
Name EMPLOYER		Begin Date:	
Street Address		Reason for Separation <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Other <input type="checkbox"/> Retiree <input type="checkbox"/> Contractual	
City	State	Zip Code	Badge or Ident. No.
Location of the job (if not at home address)		Temporary or full-time	Registration No.
Street	City	SC 20 <input type="checkbox"/>	
Description of the job	Home purchased under (if different from item 1)		
Reason	EMPLOYER	Begin Date:	Reason for Separation <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Other <input type="checkbox"/> Retiree <input type="checkbox"/> Contractual
Street Address	Last Date Employed		
City	State	Zip Code	Badge or Ident. No.
Location of the job (if not at home address)		Temporary or full-time	Registration No.
Street	City	SC 20 <input type="checkbox"/>	
Description of the job	Home purchased under (if different from item 1)		
I hereby file a claim for unemployment benefits and certify that the above information is true. I realize that the law provides penalties for making false statements to obtain benefits. I also understand that the information is confidential; however, under section 11117(a)(3) of the Security Act, this data may be used to provide an income and of credit verification system for exchange of information between state agencies administering programs under a plan approved under Title I, X, XIV, XVI, of the Social Security Act.			
I declare, under penalty of perjury, <input type="checkbox"/> that I am a citizen or national of the United States, or <input type="checkbox"/> that I am a permanent lawful resident alien.			

Manuals

The need to have procedures consolidated under one cover was reinforced during Phase 1 of the project. Time is lost trying to locate a procedure that is fragmented due to the variety of transmittals, CMT's, UIM's, UI/DI Bulletins, QC Bulletins, BPC Bulletins, etc.. Many of these cover the same subject material. Members of the QC Special Project Study team are currently reviewing active UIM's, wage record workflow LOOPS manuals and bulletins for duplication and obsolescence in an attempt to incorporate all the information and instructions into the initial claims section of the Local Office Claims Manual.

A preliminary draft of this consolidation of the initial claims processing operations will be given to the Manual Revision Committee for their review consideration for future revision.

CONCLUSION

It is understood that many of the suggested revisions to the forms cannot be implemented until current supplies are have been exhausted. However, revisions to the computer generated forms can easily be accomplished now through the User Analyst Coordination Unit. Some significant changes have been recommended for forms with a mind toward improving local office operations and reducing the potential for missed issues and unnecessary workloads.

Ensuring that adequate equipment is available, strategically located and regularly upgraded will also help increase productivity through efficient use.

Should these recommendations be implemented, there will be a marked improvement in local office procedures as well as in workflow and a concomitant increase in efficiency of claims operations.

All of this will lead, ultimately, to an improvement in the quality of service we provide to the citizens and to the employers who live and work in New Jersey.

When recommendations regarding form revisions are implemented, a UI-DI Bulletin to local office personnel will be released to thank all who offered their suggestions to the QC Special Study teams. Their concerns reflect the pride they have in their work. The suggestions will improve the quality of service to both claimants and employers.

Claimants: Complete Items 1 Through 15 Only			<small>New Jersey Department of Labor</small> Division of Unemployment and Disability Insurance ADDITIONAL CLAIM FOR UNEMPLOYMENT BENEFITS	
Social Security Number	Prog. Code	Date of Claim	Employer Registration Number	Syn Code
1. Claimant's First Name			Initial	Last Name
2. Mail Address: Street or R. D.				
3. City		State	Zip Code	
4. Name you worked under (if different from Item 1)			5. Badge or Cloth No.	
6. Occupation		7. Location of Job (if other than below.)		
8. If you were paid for any days after your last day of work, fill in Amount: \$ _____ Representing wages through _____ 19 _____				
9. Name of Last Employer				
10. Street Address				
11. City		State	Zip Code	
12. Dates of last employment with last employer			13. If layoff temporary, how many weeks?	
Started _____ Last Day Worked _____				
14. I am not working for my last employer because: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> No Work Available <input type="checkbox"/> Voluntary Quit </div> <div> <input checked="" type="checkbox"/> Discharge <input type="checkbox"/> Absenteeism <input type="checkbox"/> Job Performance </div> <div> <input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Other, explain _____ </div> </div>				
15. I am ready, willing and able to work full-time and I am seeking full-time work. <input type="checkbox"/> Yes <input type="checkbox"/> No				
			16. Start: _____ 17. End: _____ 18. Sep Code _____ Are you a member of a hiring hall union? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes and you obtain work through a union enter Local # _____ Name _____ Address _____ Are you a citizen of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			19. Address Change <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 20. L. O. _____ 21. See _____	
I hereby file a claim for unemployment benefits; I certify the statements made on this claim are true; and I realize that the law provides penalties for making false statements to obtain benefits. I understand that this information is confidential, however, under Section 1137(a) (6) of the Social Security Act, this data may be used to provide an income and eligibility verification system for exchange of information between state agencies administering programs under a plan approved under Title I, X, XIV, XVI of the Social Security Act.				
			22. <input checked="" type="checkbox"/> _____ 23. _____ Date Filed 24. _____ Claims Agent	

BC-4 (R-7-86)

Form BC-4 Additional Claim for Unemployment Benefits (R-7-86)

Claimants: Complete Items 1 Through 15 Only			New Jersey Department of Labor Division of Unemployment and Disability Insurance ADDITIONAL CLAIM FOR UNEMPLOYMENT BENEFITS	
Social Security Number	Prog. Code	Date of Claim	Employer Registration Number	Syn Code
1. Claimant's First Name Initial Last Name			ADDITIONAL CLAIM	
2. Mail Address: Street or R. D.			16. Start:	17. End:
3. City State Zip Code			18. Sep Code	
4. Name you worked under (if different from item 1)			19. Address Change <input type="checkbox"/> Yes <input type="checkbox"/> No	20. L. O.
5. Badge or Clock No.			21. Son	
6. Occupation			7. Location of Job (if other than below.)	
8. If you were paid for any days after your last day of work, fill in Amount: \$ Representing wages through 19 _____				
9. Name of Last Employer				
10. Street Address				
11. City State Zip Code				
12. Dates of last employment with last employer Started Last Day Worked			13. If layoff temporary, how many weeks?	
14. I am not working for my last employer because:				
15. I am ready, willing and able to work full-time and I am seeking full-time work. <input type="checkbox"/> Yes <input type="checkbox"/> No				
			22. <u>X</u> Claimant Sign in Presence of Claim Agent	
			23. _____ Date Filed	
			24. _____ Claim Agent	

I hereby file a claim for unemployment benefits; I certify the statements made on this claim are true; and I realize that the law provides penalties for making false statements to obtain benefits. I understand that this information is confidential, however, under Section 1137(a) (6) of the Social Security Act, this data may be used to provide an income and eligibility verification system for exchange of information between state agencies administering programs under a plan approved under Title I, X, XIV, XVI of the Social Security Act.

BC-4 (R-7-86)

ATTACHMENT B.1

STATE OF NEW JERSEY
DEPARTMENT OF LABOR
DIVISION OF
UNEMPLOYMENT AND DISABILITY INSURANCE

1. SOCIAL SECURITY NO.	2. PRG.	3. DATE OF CLAIM	4. PRD
5. CLAIMANT'S NAME		6. DATE OF MAILING	
7. CLOCK/BADGE	8. CLAIMANT'S WORK NAME (IF DIFFERENT)		
9. L.O. NO	10. CLAIMANT'S OCCUPATION	11. LAST DAY WORKED	
12. CITY OF EMPLOYMENT		13. YOUR NJ UNEMPLOYMENT INS	
IF YOU FAIL TO RESPOND TO THIS REQUEST, THE CLAIM WILL BE PROCESSED ON THE BASIS OF AVAILABLE INFORMATION.			

NOTICE TO EMPLOYER

THE ABOVE NAMED CLAIMANT HAS FILED A CLAIM FOR UNEMPLOYMENT BENEFITS UNDER THE NEW JERSEY UNEMPLOYMENT COMPENSATION LAW AND HAS INDICATED THAT YOU WERE HIS/HER LAST EMPLOYER.

Complete and return ONLY IF CLAIMANT WAS:

- Separated for other than lack of work.
- Receiving a company pension.
- Paid for a period after last day of work.
- Given a definite date of recall.

A DATES OF LAST EMPLOYMENT: FROM _____ TO _____
B NUMBER OF WEEKS WORKED _____

WHAT WERE THE CLAIMANT'S GROSS EARNINGS FOR THE PERIOD LISTED IN ITEM A \$ _____

D The claimant was separated for a reason other than lack of work.

The reason for separation is _____

E Enter the date of discharge, if different. _____

F. The claimant is receiving a company pension. Did claimant contribute? Yes _____ No _____

Monthly Amount of Pension \$ _____ If LUMP SUM payment issued, please enter total amount \$ _____

G. The claimant was paid for a period after his/her last day of work.

Amount Received \$ _____ This payment was part of a Union agreement Yes _____ No _____

Sovereignty Pay ☐ represents payments for past services ☐ Other ☐

Payment in Lieu of Notice ☐ through (date) _____ Vacation ☐

H. This separation is temporary. The claimant is scheduled to return to work on (date) _____

I. If the claimant was separated for reasons other than lack of work, would you like the assistance of the New Jersey State Employment Service in finding a replacement? ☐ YES ☐ NO

RETURN THIS FORM TO:

Your NJ Unemployment Insurance number
If different from item 13.

LOCAL OFFICE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

STATE OF NEW JERSEY
DEPARTMENT OF LABOR
DIVISION OF
UNEMPLOYMENT AND DISABILITY INSURANCE

1. SOCIAL SECURITY NO.	2. PROG.	3. DATE OF CLAIM	4. FRD
5. CLAIMANT'S NAME		6. DATE OF MAILING	
7. CLOCK/BADGE	8. CLAIMANT'S WORK NAME (IF DIFFERENT)		
9. L.O. NO	10. CLAIMANT'S OCCUPATION	11. LAST DAY WORKED	
12. CITY OF EMPLOYMENT		13. YOUR NJ UNEMPLOYMENT INS NO	
IF YOU FAIL TO RESPOND TO THIS REQUEST, THE CLAIM WILL BE PROCESSED ON THE BASIS OF AVAILABLE INFORMATION.			

IMPORTANT NOTICE TO EMPLOYER

THE ABOVE NAMED CLAIMANT HAS FILED A CLAIM FOR UNEMPLOYMENT BENEFITS UNDER THE NEW JERSEY UNEMPLOYMENT COMPENSATION LAW AND HAS INDICATED THAT YOU WERE HIS/HER LAST EMPLOYER.

COMPLETE THE ITEMS BELOW AND RETURN TO THE ADDRESS SHOWN WITHIN TEN CALENDAR DAYS.

- A. DATES OF LAST EMPLOYMENT: FROM _____ TO _____
- B. NUMBER OF WEEKS WORKED _____
- C. WHAT WERE THE CLAIMANT'S GROSS EARNINGS FOR THE PERIOD LISTED IN ITEM A \$ _____
- D. The claimant was separated for a reason other than lack of work.
The reason for separation is _____
- E. Enter the date of discharge, if different. _____
- F. The claimant is receiving a company pension. Did claimant contribute? Yes _____ No _____
Monthly Amount of Pension \$ _____ If LUMP SUM payment issued, please enter total amount \$ _____
- G. The claimant was paid for a period after his/her last day of work.
Amount Received \$ _____ This payment was part of a Union agreement Yes _____ No _____
- Severance Pay ☐ represents payments for past services ☐ other ☐
Payment in Lieu of Notice ☐ through (date) _____ Vacation ☐
- H. This separation is temporary. The claimant is scheduled to return to work on (date) _____
- I. If the claimant was separated for reasons other than lack of work, would you like the assistance of the New Jersey State Employment Service in finding a replacement? ☐ YES ☐ NO

RETURN THIS FORM TO:

Interstate & 4F Disability

Your N.J. Unemployment Insurance Number
if Different from Item 13

SIGNATURE OF AUTHORIZED REPRESENTATIVE

ATTACHMENT C

DATE

Form BC-28, Request for Separation Information (R-1-87, R-6-87)

REQUEST FOR SEPARATION INFORMATION

STATE OF NEW JERSEY
DEPARTMENT OF LABOR
DIVISION OF
UNEMPLOYMENT AND DISABILITY INSURANCE

1. SOCIAL SECURITY NO.	2. PROG.	3. DATE OF CLAIM	4. FID
5. CLAIMANT'S NAME		6. DATE OF MAILING	
7. CLOCK/BADGE	8. CLAIMANT'S WORK NAME (IF DIFFERENT)		
9. I.O. NO.	10. CLAIMANT'S OCCUPATION	11. LAST DAY WORKED	
12. CITY OF EMPLOYMENT		13. YOUR NJ UNEMPLOYMENT INS NO	

IF YOU FAIL TO RESPOND TO THIS REQUEST, THE CLAIM WILL BE PROCESSED ON THE BASIS OF AVAILABLE INFORMATION.

IMPORTANT NOTICE TO EMPLOYER

THE ABOVE NAMED CLAIMANT HAS FILED A CLAIM FOR UNEMPLOYMENT BENEFITS UNDER THE NEW JERSEY UNEMPLOYMENT COMPENSATION LAW AND HAS INDICATED THAT YOU WERE HIS/HER LAST EMPLOYER. IN ORDER TO DETERMINE WHETHER THE CLAIMANT IS ELIGIBLE FOR BENEFITS, IT MAY BE NECESSARY FOR YOU TO FURNISH THE INFORMATION CALLED FOR BELOW.

11. IF THE REQUESTING OFFICE, AS SHOWN IN THE LOWER LEFT HAND CORNER OF THIS FORM, IS THE INTERSTATE CLAIMS SECTION OR THE DISABILITY DURING UNEMPLOYMENT (4-F) SECTION, YOU ARE REQUIRED TO COMPLETE SECTION A ONLY AND RETURN WITHIN TEN CALENDAR DAYS FROM THE DATE OF MAILING SHOWN IN ITEM 6 ABOVE.

OR
12. IF THE REQUESTING OFFICE, AS SHOWN IN THE LOWER LEFT HAND CORNER OF THIS FORM, IS OTHER THAN THE INTERSTATE CLAIMS SECTION OR THE DISABILITY DURING UNEMPLOYMENT (4-F) SECTION, DO NOT COMPLETE SECTION A. SEE REVERSE SIDE OF FORM FOR INSTRUCTIONS.

SECTION A (DO NOT COMPLETE THIS SECTION OF THE FORM WITHOUT READING ABOVE INSTRUCTIONS.)

A1 DATES OF LAST EMPLOYMENT: FROM _____ TO _____

A2 NUMBER OF WEEKS WORKED _____

A3 WHAT WERE THE CLAIMANT'S GROSS EARNINGS FOR THE PERIOD LISTED IN ITEM A1 \$ _____

A4 WAS REMUNERATION PAID OR IS IT TO BE PAID FOR ANY DAY(S) AFTER THE LAST DATE OF EMPLOYMENT SHOWN IN ITEM A1 ABOVE?

YES _____ NO _____ IF YES, ENTER AMOUNT: \$ _____ REPRESENTS WAGES THROUGH _____

REASON FOR SUCH PAYMENT _____

A5 SEPARATION IS _____ PERMANENT _____ TEMPORARY; WILL RECALL ON OR ABOUT _____

A6 REASON FOR SEPARATION: _____ LACK OF WORK _____ OTHER (EXPLAIN BELOW) _____

RETURN THIS FORM TO:

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME

POSITION

TELEPHONE _____ DATE _____

(SEE REVERSE SIDE OF FORM)

IMPORTANT

IF THE REQUESTING OFFICE IS THE INTERSTATE CLAIMS SECTION OR THE DISABILITY DURING UNEMPLOYMENT (4-F) SECTION DO NOT COMPLETE THIS SECTION. SEE FRONT SIDE OF THE FORM FOR INSTRUCTIONS.

PLEASE COMPLETE THE ITEMS BELOW AND RETURN TO THE LOCAL OFFICE ADDRESS SHOWN ON THE FRONT SIDE OF THIS FORM WITHIN TEN CALENDAR DAYS ONLY IF THE CLAIMANT HAS SEPARATED FOR OTHER THAN LACK OF WORK, IS RECEIVING A COMPANY PENSION, OR RECEIVED PAY AFTER HIS/HER LAST DAY OF WORK OR IF THE CLAIMANT HAS A DEFINITE DATE OF RECALL.

SECTION B (DO NOT COMPLETE THIS SECTION OF THE FORM WITHOUT READING ABOVE INSTRUCTIONS.)

☐ B1. THE CLAIMANT WAS SEPARATED FOR A REASON OTHER THAN LACK OF WORK.
THE REASON FOR SEPARATION IS _____

☐ B2. THE CLAIMANT IS RECEIVING A COMPANY PENSION.
DID CLAIMANT CONTRIBUTE YES _____ NO _____
MONTHLY AMOUNT OF PENSION: \$ _____ IF LUMP SUM PAYMENT ISSUED, PLEASE ENTER TOTAL AMOUNT \$ _____

☐ B3. THE CLAIMANT WAS PAID FOR A PERIOD AFTER HIS/HER LAST DAY WORK.
AMOUNT RECEIVED \$ _____
VACATION ☐ SEVERANCE PAY ☐ PAYMENT IN LIEU OF NOTICE ☐ THROUGH _____
THIS PAYMENT IS PART OF A UNION AGREEMENT. YES _____ NO _____

☐ B4. THIS SEPARATION IS TEMPORARY.
THE CLAIMANT IS SCHEDULED TO RETURN TO WORK ON _____

☐ B5. IF YOU HAVE COMPLETED ANY OF THE ABOVE ITEMS, ENTER THE CLAIMANT'S LAST DAY WORKED _____

IF YOU ARE THE MOST RECENT EMPLOYER AND HAVE SUBMITTED ANY INFORMATION INDICATING THAT THE CLAIMANT MAY BE INELIGIBLE OR DISQUALIFIED FOR BENEFITS, YOU WILL RECEIVE A NOTICE OF DETERMINATION INDICATING THE CLAIMANT'S ELIGIBILITY, INELIGIBILITY, OR DISQUALIFICATION.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME

POSITION

TELEPHONE

DATE

DO NOT COMPLETE AND RETURN SECTION B OF THIS FORM, UNLESS THE CLAIMANT WAS:

- SEPARATED FOR A REASON OTHER THAN LACK OF WORK.
- RECEIVING A COMPANY PENSION,
- PAID FOR A PERIOD AFTER LAST DAY OF WORK,
- SEPARATED DUE TO A TEMPORARY LAYOFF

AND

THE REQUESTING OFFICE IS OTHER THAN THE INTERSTATE CLAIMS SECTION OR THE DISABILITY DURING UNEMPLOYMENT (4-F) SECTION.

NOTICE TO EMPLOYER OF POTENTIAL LIABILITY

(Monetary Determination and Request for Separation Information (see Item B))

BC-6E (11/5/90)

OFFICE NO.		
1. CLAIM NO.	2. PROG. CODE	
3. CLAIM	4. FIND	
5. CLAIMANT'S NAME		
6. CLAIMED UNDER (IF DIFFERENT)		
7. YEAR	BEGINS	ENDS
8. YEAR	BEGINS	ENDS
9. MAILING		

11. MAXIMUM BENEFIT AMOUNT \$	\$ WEEKLY BENEFIT RATE
MAXIMUM CHARGEABLE AMOUNT \$	% OF WEEKLY BENEFIT AMOUNT CHARGEABLE TO YOUR ACCOUNT

12. (a) WEEKLY DEPENDENCE ALLOWANCE: \$ (b) NUMBER OF DEPENDENTS:

The Weekly Benefit Rate in Item 11 includes the Dependency Allowance listed above.

13. WAGES AS REPORTED: ☐ By the Employer ☐ By Claimant's Affidavit

☐ AN "X" IN THIS BOX INDICATES THIS IS A MONETARY REDETERMINATION BASED ON THE RECEIPT OF SUPPLEMENTAL INFORMATION

You May Be Required To Complete Attached "Request For Separation Information". Please See Item "B" Below.

QUARTER ENDING			QUARTER ENDING			QUARTER ENDING			QUARTER ENDING			BASE YEAR TOTALS	
Base Weeks	Total Wages		Base Weeks	Total Wages		Base Weeks	Total Wages		Base Weeks	Total Wages		Base Weeks	Total Wages

14. N.J. REGISTRATION NO.

IMPORTANT NOTICE TO EMPLOYER

15. EMPLOYER'S NAME & ADDRESS

- A. This determination indicates the maximum amount the claimant may collect if otherwise eligible for benefits. The claimant's eligibility to collect will be determined at a later date.
- B. Complete and return ONLY IF CLAIMANT WAS:
 - Separated for other than lack of work.
 - Receiving a company pension.
 - Paid for a period after last day of work.
 - Given a definite date of recall.
- C. If you have work for this claimant at any time during the benefit year, you should so notify him/her. If you offer this claimant work and he/she fails to apply for or refuses to accept this work, you should prepare Form BC-6 (Notice of Failure to Apply for or to Accept Suitable Work) and forward it promptly to the local claims office at the address shown above.
- D. Benefits paid under Disability During Unemployment Program are not chargeable to an employer's account.

RIGHT OF APPEAL

If you disagree with this determination, you must file an appeal in writing with the above local claims office. This appeal must be received or postmarked within ten calendar days after the date of mailing of this notice as shown in Item 9.

REQUEST FOR SEPARATION INFORMATION

IF APPLICABLE, PLEASE COMPLETE THE ITEMS LISTED BELOW AND RETURN TO THE LOCAL CLAIMS OFFICE WITHIN TEN CALENDAR DAYS AFTER THE DATE OF MAILING SHOWN IN ITEM D. IF YOU FAIL TO COMPLY, PAYMENTS TO THE CLAIMANT AND CHARGES TO YOUR RATING ACCOUNT WILL BE PROCESSED BASED ON AVAILABLE INFORMATION. (Refer to attached Form DC-3E-Important Notice to Employer)

IF YOU HAVE ALREADY RESPONDED WITH INFORMATION FOR THIS CLAIMANT, BASED ON THIS DATE OF CLAIM (SEE #3), PLEASE DISREGARD THIS REQUEST.

LOCAL OFFICE NO.

1. SEC. NO.

2. PROG. CODE

DATE OF CLAIM

4. FID

CLAIMANT'S NAME

DATE WORKED UNDER (IF APPLICABLE)

DATE YEAR

BEGINS

ENDS

DATE YEAR

BEGINS

ENDS

DATE OF MAILING

EMPLOYER'S NAME & ADDRESS

A. The claimant was separated for a reason other than lack of work.

The reason for separation is _____

B. Enter the claimant's last day of work _____. Enter the actual date of discharge _____

C. The claimant is receiving a company pension. Did claimant contribute? Yes _____ No _____

Monthly Amount of Pension: \$ _____ If LUMP SUM payment issued, please enter total amount \$ _____

D. The claimant was paid for a period after his/her last day of work.

Amount Received \$ _____ This payment was part of a Union agreement Yes _____ No _____

Vacation ☐

Severance Pay ☐ Payments for past services rendered _____ Other _____

Payment in Lieu of Notice ☐ through (date) _____

E. This separation is temporary.

The claimant is scheduled to return to work on (date) _____

11. N.J. REGISTRATION NO.

F. If the claimant was separated for reasons other than lack of work, would you like the assistance of the New Jersey State Employment Service in finding a replacement? ☐ YES ☐ NO

If the claimant reports to the local claims office to claim benefits, and you have submitted any information indicating that he/she may be or disqualified for benefits, you will receive a notice of determination indicating claimant's eligibility, ineligibility or disqualification.

I certify that the information submitted in this report is true and correct.

SIGNED _____ OFFICIAL POSITION _____

DATE _____ PHONE _____ EXTENSION _____

BC-3E, Notice To Employer of Potential Liability (R-5-88)

NJ Department of Labor, Division of Unemployment & Disability Insurance				NOTICE TO EMPLOYER OF POTENTIAL LIABILITY (Monetary Determination and Request for Separation Information (See Item 6H))								BC-3E (R-5-88)																									
LOCAL OFFICE NO. _____ 1. SOC. SEC. NO. _____ 2. PROJ. CODE _____ 3. DATE OF CLAIM _____ 4. FRO _____ 5. CLAIMANT'S NAME _____ 6. NAME WORKED UNDER (IF DIFFERENT) _____				11. MAXIMUM BENEFIT AMOUNT \$ _____ MAXIMUM CHARGEABLE AMOUNT \$ _____				WEEKLY BENEFIT RATE % OF WEEKLY BENEFIT AMOUNT CHARGEABLE TO YOUR ACCOUNT																													
				12. (a) WEEKLY DEPENDENCE ALLOWANCE: \$ _____ (b) NUMBER OF DEPENDENTS: _____ The Weekly Benefit Rate in item 11 includes the Dependency Allowance listed above.																																	
7. BASE YEAR BEGINS _____ ENDS _____ 8. BENEFIT YEAR BEGINS _____ ENDS _____ 9. DATE OF MAILING _____				13. WAGES AS REPORTED: <input type="checkbox"/> By the Employer <input type="checkbox"/> By Claimant's Affidavit <input type="checkbox"/> AN "X" IN THIS BOX INDICATES THIS IS A MONETARY REDETERMINATION BASED ON THE RECEIPT OF SUPPLEMENTAL INFORMATION. You May Be Required To Complete Attached "Request For Separation Information". Please See Item "B" Below.																																	
				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <th colspan="2">QUARTER ENDING</th> <th colspan="2">QUARTER ENDING</th> <th colspan="2">QUARTER ENDING</th> <th colspan="2">QUARTER ENDING</th> <th colspan="2">BASE YEAR TOTALS</th> </tr> <tr> <th>Base Wages</th> <th>Total Wages</th> <th>Base Wages</th> <th>Total Wages</th> <th>Base Wages</th> <th>Total Wages</th> <th>Base Wages</th> <th>Total Wages</th> <th>Base Wages</th> <th>Total Wages</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								QUARTER ENDING		QUARTER ENDING		QUARTER ENDING		QUARTER ENDING		BASE YEAR TOTALS		Base Wages	Total Wages	Base Wages	Total Wages	Base Wages	Total Wages	Base Wages	Total Wages	Base Wages	Total Wages						
QUARTER ENDING		QUARTER ENDING		QUARTER ENDING		QUARTER ENDING		BASE YEAR TOTALS																													
Base Wages	Total Wages	Base Wages	Total Wages	Base Wages	Total Wages	Base Wages	Total Wages	Base Wages	Total Wages																												
10. EMPLOYER'S NAME & ADDRESS _____ _____ _____				IMPORTANT NOTICE TO EMPLOYER A. This determination indicates the maximum amount the claimant may collect if otherwise eligible for benefits. The claimant's eligibility to collect will be determined at a later date. B. If the claimant was separated for other than lack of work, is receiving a company pension or received any other his/her last day of work, if the claimant has a definite date of recall, you are required to complete and return the attached form BC-3E.1 (Request for Separation Information) within ten calendar days after the date of mailing shown in item 9. If you fail to comply, payments to the claimant and charges to your Experience Rating account will be processed based on available information. C. If you have work for this claimant at any time during the benefit year, you should so notify him/her. If you offer this claimant work and he/she fails to apply for or refuses to accept this work, you should prepare Form BC-6 (Notice of Failure to Apply for or to Accept Suitable Work) and forward it promptly to the local claims office at the address shown above. D. Benefits paid under Disability During Unemployment Program are not chargeable to an employer's account. RIGHT OF APPEAL If you disagree with this determination, you must file an appeal in writing with the above local claims office. This appeal must be accepted and postmarked within ten calendar days after the date of mailing of this notice as shown in item 9.																																	

BC-3E.1 Request For Separation Information (R-5-88)

NJ Department of Labor, Division of Unemployment & Disability Insurance				REQUEST FOR SEPARATION INFORMATION <small>BC-3E.1 (R-5-88)</small> IF APPLICABLE, PLEASE COMPLETE THE ITEMS LISTED BELOW AND RETURN TO THE LOCAL CLAIMS OFFICE WITHIN TEN CALENDAR DAYS AFTER THE DATE OF MAILING SHOWN IN ITEM 9. IF YOU FAIL TO COMPLY, PAYMENTS TO THE CLAIMANT AND CHARGES TO YOUR EXPERIENCE RATING ACCOUNT WILL BE PROCESSED BASED ON AVAILABLE INFORMATION. (Refer to attached Form BC-3E-Important Notice to Employer-Item 13)							
LOCAL OFFICE NO. _____ 1. SOC. SEC. NO. _____ 2. PROJ. CODE _____ 3. DATE OF CLAIM _____ 4. FRO _____ 5. CLAIMANT'S NAME _____ 6. NAME WORKED UNDER (IF DIFFERENT) _____ 7. BASE YEAR BEGINS _____ ENDS _____ 8. BENEFIT YEAR BEGINS _____ ENDS _____ 9. DATE OF MAILING _____				IF YOU HAVE ALREADY RESPONDED WITH INFORMATION FOR THIS CLAIMANT BASED ON THIS DATE OF CLAIM (SEE #31. PLEASE DISREGARD THIS REQUEST)							
				A. The claimant was separated for a reason other than lack of work. The reason for separation is _____ _____ B. The claimant is receiving a company pension. Did claimant contribute? Yes _____ No _____ Monthly Amount of Pension \$ _____ If LUMP SUM payment issued, please enter total amount \$ _____ C. The claimant was paid for a period after his/her last day of work. Amount Received \$ _____ This payment was part of a Union agreement Yes _____ No _____ Vacation <input type="checkbox"/> Severance Pay <input type="checkbox"/> Payment in Lieu of Notice <input type="checkbox"/> through (date) _____ D. This separation is temporary. The claimant is scheduled to return to work on (date) _____ E. If you have completed any of the above items, enter the claimant's last day of work _____ F. If the claimant was separated for reasons other than lack of work, would you like the assistance of the New Jersey State Employment Service in finding a replacement? <input type="checkbox"/> YES <input type="checkbox"/> NO							
10. EMPLOYER'S NAME & ADDRESS _____ _____ _____				If the claimant reports to the local claims office to claim benefits, and you have submitted any information indicating that he/she may be ineligible or disqualified for benefits, you will receive a notice of determination indicating claimant's eligibility, ineligibility or disqualification. I certify that the information submitted in this report is true and correct. SIGNED _____ OFFICIAL POSITION _____ DATE _____ PHONE _____ EXTENSION _____							

1. The first group of people who are interested in the results of the study are the researchers themselves. They want to know if the study was successful in achieving its objectives and if the data collected is reliable and valid.

MAILING DATE		

THIS IS NOT A BILL

[illegible]

SECRET

24903

REF. ID: A4444		
		..
PAGE NO.	MAILING DATE	

THIS IS NOT A BILL

[illegible]

PROMPT REVIEW OF YOUR CHARGES WILL ASSURE PROPER PAYMENT OF UNEMPLOYMENT BENEFITS

11630 10-1-47

24904

THE UNEMPLOYMENT COMPENSATION PAYMENTS LISTED ARE BASED UPON YOURS AND SEPARATION DATA PROVIDED BY SUPPLIERS. THESE PAYMENTS HAVE BEEN CHARGED TO YOUR EXPERIENCE DATING FROM THE DATE OF SEPARATION UNDER THE EMPLOYER REGISTRATION NUMBER SHOWN. IF THE NUMBER IS NOT THE ONE ASSIGNED TO YOU, IT MAY BE THE REGISTRATION NUMBER OF YOUR PREDECESSOR. IF YOU SUCCEEDED TO THE BUSINESS OF A SUBJECT EMPLOYEE AND HIS EMPLOYMENT EXPERIENCE PASSED ON TO YOU.

EXAMINE THE LETTERS CAREFULLY: (5) DETERMINE IF THE ALLEGED CHARGE ACCURATELY REFLECTS INFORMATION SUPPLIED BY YOU. IF YOU HAVE PREVIOUSLY APPEALED THE NOTICE TO EMPLOYER OF CRIMINAL LIABILITY AND HAD NOT RECEIVED A RESPONSE AND THE ALLEGED CHARGE STILL APPEARS, YOU MAY PETITION THE CHARGE. HOWEVER, IF YOU DID NOT APPEAL, YOUR APPEAL RIGHTS WITH RESPECT TO THE COMPLETION OF CRIMINAL EXAMINATIONS AND THE POTENTIAL LIABILITY HAVE BEEN WAIVED.

(2) DETERMINE THAT THE CLAIMANTS LISTED DID NOT
 WORK FOR YOU, AT INTERIOR WILSON CO. FOR THE
 BIRD BENEFIT WERE PAID, AS SHOWN IN THE
 COMPENSABLE BENEFITING COLUMN.

(2) DETERMINE IF YOU MADE AN OFFER OF WORK WHICH THE CLAIMANT FAILED TO APPLY FOR OR ACCEPT, OR IF YOU HAVE INFORMATION TO SHOW THAT THE CLAIMANT DID NOT MEET THE ELIGIBILITY REQUIREMENTS FOR ANY OF THE WORKS LISTED.

IF YOU OBJECT TO ANY OF THESE CHANGES, GIVE FULL DETAILS IN SPACE BELOW, USING ADDITIONAL SHEETS IF NECESSARY. AND MAIL WITHIN 10 DAYS OF THE MAILING DATE TO:

CLAIMS CONTROL SECTION - ROOM 613
LABOR AND INDUSTRY BUILDING
TRENTON, NEW JERSEY 08613-0038

[illegible]

I CERTIFY THE ABOVE PROTECTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

SIGNED _____ TITLE _____ DATE _____

YOU WILL BE NOTIFIED OF THE ACTION TAKEN ON YOUR PROTEST BY LETTER, OR BY A DEDUCTION TO YOUR ACCOUNT, ON A LETTER FROM O-DET, IDENTIFIED BY THE SYMBOL "CH". INCLOSURE IS THE RIGHT OF THE "AMOUNT IN THE "CHANGES AND CREDITS" COLUMN.

44-38861-1000

REQUEST TO CLAIMANT FOR ADDITIONAL DISABILITY INFORMATION

C10C-SE

1. RETURN THIS FORM TO:
STATE OF NEW JERSEY
DEPARTMENT OF LABOR
DISABILITY INSURANCE SERVICE
CN 387 ROOM #8
TRENTON, NEW JERSEY 08625-0387

2. NAME _____
SSN _____
MAIL DATE _____
SEQ. NO. _____
DISABILITY DATE _____

3. EMPLOYER _____

IN ORDER TO PROCESS YOUR CLAIM FOR DISABILITY BENEFITS IT IS NECESSARY FOR YOU TO PROVIDE THE INFORMATION REQUESTED BELOW. YOUR FAILURE TO PROVIDE THIS INFORMATION WITHIN 14 DAYS OF THE MAILING DATE THAT APPEARS IN ITEM #2 ABOVE MAY RESULT IN A DENIAL OF DISABILITY BENEFITS. YOU MUST COMPLETE ALL QUESTIONS LISTED ON THE FRONT AND BACK OF THIS FORM.

4. Please briefly describe the type of work you do.

_____5. Did you report to work daily for the employer listed in item #3?
Yes _____ No _____ If no, please explain _____

_____6. Did you perform this work at your own convenience?
Yes _____ No _____ If yes, please explain _____
_____7. Where was the work for the employer listed in item #3 done?
City _____ State _____
Work Location _____8. Did you lease space, equipment, or tools, etc?
Yes _____ No _____ If yes, please explain _____
_____9. Do you take direction on the job from someone else?
Yes _____ No _____ If no, please explain _____

MAILING INSTRUCTIONS

A SELF-ADDRESSED ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE. IF YOU HAVE ANY QUESTIONS OR NEED HELP COMPLETING THIS FORM, PLEASE CONTACT THIS OFFICE IMMEDIATELY AT (609)984-4537.

REMEMBER BENEFITS MAY BE DENIED FOR YOUR FAILURE TO PROVIDE THIS INFORMATION WITHIN 14 DAYS FROM THE DATE OF MAILING IN ITEM #2.

SIGNATURE AND CERTIFICATION

I CERTIFY THAT INFORMATION FURNISHED BY ME ON MY ORIGINAL APPLICATION AND ON THIS FORM IS TRUE. I KNOW THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS MADE TO OBTAIN BENEFITS.

DATE _____ CLAIMANT'S SIGNATURE _____

PHONE NUMBER () _____ - _____

10. Did you perform the same type of work for others?
Yes _____ No _____ If yes, please explain _____
11. How is your pay rate determined (hourly, percentage basis, etc)?

If you received a percentage, did you also receive a base salary? Yes _____ No _____
If the answer is "Yes", please give conditions of hire.

12. Do you carry your own Workers' Compensation coverage?
Yes _____ No _____ If yes, please explain _____
13. Do you have your own company name, or have a Federal Identification Number? Yes _____ No _____ If yes, please specify _____
14. Do you advertise your work expertise?
Yes _____ No _____ If yes, please explain _____
15. Do you possess your own business cards or a business telephone listing? Yes _____ No _____ If yes, please explain _____
16. Do you own any portion of the business listed in item #3 on the reverse side of this form? Yes _____ No _____ If yes, specify percentage _____
17. Do you have any employees working for you? Yes _____ No _____
If yes --- list number of employees _____
length of time employed _____
pay rate per hour _____

Use a separate sheet of paper if more space is needed to answer these questions and attach it to this form.

REQUEST FOR EMPLOYER INFORMATION

C10E-SE

1. RETURN THIS FORM TO:
STATE OF NEW JERSEY
DEPARTMENT OF LABOR
DISABILITY INSURANCE SERVICE
CN 387 ROOM #8
TRENTON, NEW JERSEY 08625-0387

2. CLAIMANT _____
SSN _____
MAIL DATE _____
SEQ. NO. _____
DISABILITY DATE _____

3. EMPLOYER _____
4. REG # _____

IN ORDER TO PROCESS THE ABOVE NAMED INDIVIDUAL'S CLAIM FOR DISABILITY BENEFITS, IT IS NECESSARY FOR YOU TO PROVIDE THE INFORMATION REQUESTED BELOW. YOUR FAILURE TO COMPLETE AND RETURN THIS FORM WITHIN 14 DAYS FROM THE MAILING DATE THAT APPEARS IN ITEM #2 MAY RESULT IN A DETERMINATION BASED UPON INFORMATION RECEIVED FROM THE CLAIMANT. YOU MUST COMPLETE ALL QUESTIONS LISTED ON THE FRONT AND BACK OF THIS FORM.

5. Briefly describe the type of work claimant does for you.

6. Did the claimant report to work daily for you?

Yes _____ No _____ If no, please explain _____

7. Did the claimant perform this work at his/her own convenience?

Yes _____ No _____ If yes, please explain _____

8. Where was this work performed?

City _____ State _____

Work Location _____

9. Did the claimant use your premises, equipment, and/or tools, etc?

Yes _____ No _____ If no, please explain _____

10. Did you direct the claimant's work?

Yes _____ No _____ If no, please explain _____

MAILING INSTRUCTIONS

A SELF-ADDRESSED ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE. IF YOU HAVE ANY QUESTIONS OR NEED HELP COMPLETING THIS FORM, PLEASE CONTACT THIS OFFICE IMMEDIATELY AT (609)984-4537.

SIGNATURE AND CERTIFICATION

I CERTIFY THAT INFORMATION FURNISHED BY ME ON THIS REPORT IS TRUE AND CORRECT.

PRINT NAME _____ TITLE: _____

DATE _____ SIGNATURE _____

PHONE NUMBER () _____ - _____

↓ ↓ ↓ ↓ TURN PAGE

11. Does the claimant perform the same type of work for others?
Yes _____ No _____ If yes, please explain _____
12. How is the claimant's pay rate determined? (hourly, percentage basis, etc.) _____
If the claimant received a percentage, did he/she also receive a base salary? Yes _____ No _____
If the answer is "Yes", please give conditions of hire. _____
13. Do you carry Workers' Compensation coverage for the claimant?
Yes _____ No _____ If yes, please explain _____
14. Does the claimant has his/her own company name, or have a Federal Identification Number? Yes _____ No _____ If yes, please specify _____
15. Does the claimant advertise his/her work expertise?
Yes _____ No _____ If yes, please explain _____
16. Does the claimant possess his/her own business cards or a business telephone listing? Yes _____ No _____ If yes, please explain _____
17. Does the claimant own any portion of the business listed in item #3 on the reverse side of this form? Yes _____
No _____ If yes, specify percentage _____
18. Does the claimant have any employees working for him/her?
Yes _____ No _____
If yes--- list number of employees _____
length of time employed _____
pay rate per hour _____

Use a separate sheet of paper if more space is needed to answer these questions and attach it to this form.

LOCAL OFFICE EQUIPMENT SURVEY SUMMARY

DISTRICT: SOUTH

		OFFICES								
TYPE	LOCATION	955	962	971	972	973	981	983	984	985
CONTROLLER	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	1	1
LOOPS TERMINAL	COUNTER	3	4	6	5	2	4	3	3	2
	TO PRINTER(S)	2	1	2	2	3	2	4	4	4
LOOPS TERMINAL	MONETARY	3	2	4	4	1	3	3	1	2
LOOPS TERMINAL	NONMONETARY	2	1	1	1	1	2	0	1	0
LOOPS TERMINAL	PAY STATION	4	3	3	1	1	4	2	1	4
WAGE ACCESS TERM.	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	1	2
COPY MACHINE	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	1	1
PERSONAL COMPUTER	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	1	1

986 has 1 contrlr, 3 p countr., 1 to prntr, 1 in mon., 2 in nonmon., 2 in paysta., 1 wq. acc.,
1 copy, 1 P.C.

OFFICE EQUIPMENT REQUESTS

TYPE	955	962	971	972	973	981	983	984	985	986
LOOPS TERMINAL	5 12/89	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PERSONAL COMPUTER	N/A	N/A	N/A	N/A	1 12/89	N/A	N/A	1 12/89	N/A	N/A
PRINTER	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COPY MACHINE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TYPEWRITER	N/A	N/A	N/A	N/A	1 12/89	N/A	N/A	N/A	N/A	N/A

LOCAL OFFICE EQUIPMENT SURVEY SUMMARY

DISTRICT: CENTRAL

		OFFICES								
TYPE	LOCATION	951	952	953	956	961	963	964	965	XX
CONTROLLER	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	1	XX
LOOPS TERMINAL	COUNTER	7	5	3	3	5	3	13	1	XX
	TO PRINTER(S)	2	3	3	2	0	2	0	3	XX
LOOPS TERMINAL	MONETARY	2	4	2	1	2	2	1	2	XX
LOOPS TERMINAL	NONMONETARY	2	2	1	1	2	2	1	2	XX
LOOPS TERMINAL	PAY STATION	1	2	3	1	4	1	2	0	XX
WAGE ACCESS TERM.	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	1	XX
COPY MACHINE	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	1	XX
PERSONAL COMPUTER	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	1	XX

OFFICE EQUIPMENT REQUESTS

TYPE	951		952		953		956		961		963		964		965		XXXXXXXXXXXXX
LOOPS TERMINAL	3	1/90	1	12/89	5	12/89	2	2/90		N/A		N/A		N/A		N/A	XXXXXXXXXXXXX
PERSONAL COMPUTER	1	1/90		N/A		N/A		N/A		N/A		N/A		N/A		N/A	XXXXXXXXXXXXX
PRINTER		N/A		N/A	1	12/89		N/A		N/A		N/A		N/A		N/A	XXXXXXXXXXXXX
COPY MACHINE		N/A		N/A	1	12/89		N/A		N/A		N/A		N/A		N/A	XXXXXXXXXXXXX
PEWRITER		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	XX XXXXXXXX

LOCAL OFFICE EQUIPMENT SURVEY SUMMARY

DISTRICT: LOWER NORTH

		OFFICES								
TYPE	LOCATION	921	923	925	932	933	937	941	942	XX
CONTROLLER	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	1	XX
LOOPS TERMINAL	COUNTER	6	4	2	4	3	9	12	2	XX
	TO PRINTER(S)	2	4	0	0	1	3	3	0	XX
LOOPS TERMINAL	MONETARY	2	1	3	3	3	7	3	2	XX
LOOPS TERMINAL	NONMONETARY	2	1	2	2	2	2	3	2	XX
LOOPS TERMINAL	PAY STATION	3	2	1	1	1	4	4	2	XX
WAGE ACCESS TERM.	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	0	XX
COPY MACHINE	XXXXXXXXXXXXXXXXXXXXX	1	1	1	1	1	1	1	1	XX
PERSONAL COMPUTER	XXXXXXXXXXXXXXXXXXXXX	1	1	1	0	1	1	1	1	XX

942 has 2 add. terms.

OFFICE EQUIPMENT REQUESTS

TYPE	921		923		925		932		933		937		941		942		XXXXXXXXXXXXXX
LOOPS TERMINAL		N/A		N/A		N/A		N/A	3	2/90	5	1/90		N/A	4	2/90	XXXXXXXXXXXXXX
PERSONAL COMPUTER		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	XXXXXXXXXXXXXX
PRINTER		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	XXXXXXXXXXXXXX
COPY MACHINE		N/A		N/A		N/A		N/A		N/A	1	1/90		N/A		N/A	XXXXXXXXXXXXXX
TYPEWRITER		N/A		N/A		N/A		N/A		N/A	2	1/90		N/A	1	U/K	XXXXXXXXXXXXXX

DISTRICT: UPPER NORTH

943 has 3 odd. terms.; 912 has 2 printers not in use; 914 has 1 odd. term.;
OFFICE EQUIPMENT REQUESTS

ATTACHMENTS H4

CH-062

STATE OF OREGON
EMPLOYMENT DIVISION

QUALITY CONTROL
PROGRAM IMPROVEMENT STUDY

APPEALS REVERSALS OF SEPARATION AND
JOB REFUSAL DECISIONS

Tracy Ragland
Chris Demarest
Jim Burness

September 1991

Contact: Jim Moseley, Quality Control Supervisor
Tel. No.: 503-373-7963

Oregon Employment Division
UI Quality Control
875 Union St., NE, Room 201
Salem, OR 97311

EXECUTIVE SUMMARY

Background

The Quality Control program in Oregon conducted a program improvement study of appeals reversals of separation and job refusal decisions. The goal of the study was to determine if causal factors existed in those reversals which could be controlled through-Agency action.

Both Benefit Payment Control and Quality Control data indicate that a sizeable number of overpayments are set up each year due to reversed separation and job refusal decisions. No data is collected on the number of underpayments caused by reversed decisions.

Methodology

A random sample of appealed separation and job refusal decisions was examined. These included some decisions which were affirmed on appeal as well as a larger sample which were reversed.

All documentation for each decision was obtained from field offices around the state. Each decision was scored using the Quality Performance Index. In addition, the appeals decision issued by the referee was analyzed in detail. We sought to determine the primary, underlying reason for the reversal. These reversal reasons were categorized into those controllable through Agency action, and those which were not. The affirmed decisions in our sample were looked at in the same way to see if there were differences which could be identified as leading directly to the affirming, rather than the reversing appeals decision.

Data on each administrative and appeals decision was entered into a database created for the study. The computer was used to combine the information in different ways to see if correlations could be found between factors in the decision and the cause for the reversal.

Findings

This study determined that 37.5% of the reversed decisions in this sample could have been prevented by the Agency. This extrapolates to an annual trust fund loss of \$127,485. In addition, benefit payments of over \$400,000 are initially delayed each year due to controllable reversals of separation and job refusal decisions.

There are three primary causes for controllable reversals. These are 1) inadequate factfinding, or a conclusion not supported by the facts; 2) a tendency to issue disqualifying decisions; and 3) a tendency to ignore pertinent information provided at the time of the appeal.

Recommendations

Most of the controllable reversals found in this study were due to errors occurring in the adjudication process. Training and ongoing nonmonetary review, seems to be the answer.

An automated nonmonetary sampling program which combines supervisory review with validation by the U.I. Technical staff has been suggested and adopted. This program will generate reports detailing the type of errors found. Training will be designed to specifically address these errors.

APPEALS REVERSALS OF SEPARATION AND JOB REFUSAL DECISIONS

Oregon's Quality Improvement Project (QIP) targeted reversals of separation and job refusal decisions for special study because of the impact reversals have on the Unemployment Insurance trust fund and on mispayment rates in general. The goal of the study was to determine factors which correlate to reversals and to address those which can be controlled through Agency efforts.

In 1990, Benefit Payment Control (BPC) set up over 800 overpayments totalling nearly \$720,000 due to the reversal of separation and job refusal decisions on appeal. Overpayments caused by such reversals are, by statute, not collected aggressively. Only 20% of these overpaid dollars are recovered. The balance represents a loss to the Unemployment Insurance trust fund.

Data is not collected on reversed decisions which cause underpayments. These decisions, originally written to disqualify claimants from benefits, do not result in trust fund loss. They do, however, represent a hardship to the affected claimants, impact the state's Timely First Payment rate, and are costly to resolve.

The 1990 Quality Control (QC) cases included one in which the adjudicator's inadequate factfinding on a separation decision led to a sizeable mispayment upon reversal. The overpayment from this case accounted for 15% of the total overpayment found by QC in 1990.

I. Methodology

QIP obtained a random sample of 500 voluntary quit, discharge, and job refusal administrative decisions which were written in 1989 and which had been reversed on appeal. We looked only at lower level appeals as higher level appeals rely on the record made at the first hearing. In addition, a control group consisting of 200 separation and job refusal decisions which were affirmed on appeal were examined. The sample was reduced by excluding felony/theft discharge decisions and work separations detected and resolved solely through the benefit crossmatch system. These were excluded because the investigation process is quite different from separation decisions which are adjudicated in the field offices.

The formal decision and all supporting documents on the remaining 413 reversed and 178 affirmed decisions were obtained from field offices around the state. Each decision was reviewed for adequacy in factfinding and was scored using the Quality Performance Index (QPI). The QPI method is used nationally to evaluate the quality of nonmonetary decisions. The reviewers detailed specific facts which were necessary to the decision out which were not obtained. Each decision was reviewed completely before considering the appeals decision or the factfinding done by the referee.

The study also collected data on other factors pertaining to the adjudication of the work separation. We tracked the number of attempts made either by telephone or in person to obtain information, whether a timely employer notice was received, and whether the adjudicator had made a specific credibility or suitability ruling. We looked to see whether new information had been provided on the appeal and whether that information had been considered by the field office.

The referee decision was then reviewed and data was gathered on the hearing. We noted whether the same people who were interviewed by the adjudicator also gave testimony at the hearing. If parties were represented at the hearing, we tracked whether the representative was contacted by the adjudicator. In addition, the appeals decision was monitored to determine if the referee made specific findings regarding credibility or suitability. The amount of any overpayment or underpayment resulting from the reversal was also documented.

The decisions were each assigned a primary reason for the reversal. In assigning these reversal codes, we attempted to look for the central reason for the reversal. For example, if no new information was raised at the hearing and the referee simply disagreed with the adjudicator's conclusion, then it would not be material that the employer did not attend the hearing. In this case, the primary reason for the reversal would be the difference of opinion between the referee and adjudicator. Conversely, the employer's lack of attendance would be considered the primary reason for the reversal if the claimant's non-disqualifying statements could not be rebutted in the hearing as they were to the adjudicator. (Attachment 1 is a listing of the reversal reasons and the frequency of each in the sample cases).

This information was entered into a database designed for the study. The computer was used to combine the data in various ways so that we could determine if particular factors were more likely to cause a reversal than others.

II. Findings

The study was approached from the standpoint of learning about appeals reversals and their causes, and of formulating strategies to reduce mispayments caused by reversals. To do this, we analyzed the reasons the sample decisions were reversed. The reasons were categorized into those in which action taken by the Agency prior to hearing would have prevented the reversal ("controllable reversals"), and those in which it would not ("uncontrollable reversals").

Uncontrollable reversals were those in which a party to the hearing failed to attend, when entirely new information was brought out at the hearing, or when differences of opinion existed between the referee and the adjudicator regarding credibility, suitability, or the conclusion and reasoning behind the decision. Also included as an uncontrollable reversal was whether the referee misapplied Oregon law or policy when rendering the appeals decision.

Controllable reversals included cases in which the adjudicator's factfinding was inadequate and the referee found the facts necessary to make a correct decision, when the facts did not support the conclusion reached by the adjudicator, when suitability was raised during the investigation but was not considered by the adjudicator, or when the adjudicator failed to consider new information shown on the appeal request and the referee reversed based on that new information.

There were 155 cases (37.5% of the sample) in which the reversal could have been prevented, or controlled, by Agency action taken prior to the hearing. This equates to 855 of the separation and job refusal decisions which are reversed statewide each year. While this doesn't sound like a large enough number to be concerned about, the mispayment amount associated with these reversed decisions is sizable. By eliminating the errors causing these reversals, the Agency could prevent an annual loss of \$127,485 to the Unemployment Insurance trust fund. In addition, benefit payments of over \$400,000 are initially delayed each year due to preventable reversals of separation and job refusal decisions. (See Attachment 2 for calculations).

There were 3 primary causes of the controllable reversals. These are 1) inadequate factfinding or a conclusion not supported by the facts which leads directly to the reversal; 2) a tendency to issue disqualifying decisions; and 3) a tendency to ignore pertinent information provided at the time of the appeal. The following sections will address these errors in detail.

A. Inadequate Factfinding/Incorrect Conclusion

The 1991 Federal Quality Appraisal (QA) of nonmonetary decisions indicated there were problems with the quality of Oregon's separation decisions. QA determined that only 58.5% of the separation decisions reviewed were acceptable. The Department of Labor sets out a Desired Level of Achievement for acceptable separation decisions of 75%. A QPI score of at least 31 is required for a decision to be acceptable.

The quality of the reversed decisions examined for this study significantly fell below even the percentage established in the 1991 QA. Only 38.7% of the sample decisions met the minimum standard for acceptability. When only the controllable reversals are considered, the acceptability rate declines even more dramatically. Only 7.1% of the controllable reversals, 11 out of 155, had a passing QPI score.

This could be attributed to poor decisions being appealed more frequently than good decisions. Parties may be more inclined to appeal if they were not given an adequate opportunity to present information during the investigation. However, when considering the decisions in the sample which were affirmed on appeal, the same lack of quality did not present itself. Over 70% of the affirmed decisions were acceptably investigated and written. Statewide, only 34.2% of the separation and job refusal decisions which are appealed are eventually reversed. Far more (65.8%) of the appealed decisions are affirmed. Given this, the overall quality of the decisions seems to have far less bearing on the appeal rate than on the reversal rate.

As previously stated, many of the decisions in this study were not thoroughly investigated by the adjudicator. Some of these decisions were reversed because the factfinding conducted by the referee in the hearing elicited the information which the adjudicator failed to obtain. In these 90 cases (21.8% of all reversals), the referee used that specific new information to reverse the original decision.

It should be noted that cases in which the adjudicator documented reasonable, but unsuccessful, attempts to obtain information are not included here. The referee may have reversed these decisions based on new information obtained in the hearings, but the reversals were not attributable to Agency error.

There were patterns of errors common to many of the unacceptable reversed decisions. Notable was a failure to obtain complete employer information regarding the separation. Employer statements were often taken at face value. Direct questioning about the circumstances leading up to the discharge was absent. Information regarding warnings or the claimant's past history was not documented.

In addition, employer statements were often given more credibility than claimant statements. Adjudicators accepted as fact the employer's version of the work separation. This problem was often seen by the failure to offer the claimant rebuttal on even the minimal employer information which was obtained. The adjudicator failed to offer the claimant rebuttal when needed in almost half (27 of 60 decisions) of the controllable discharge reversals.

Discharge decisions were especially prone to having both of these errors. Twenty per cent of all controllable reversals and 36% of the controllable discharge reversals exhibited this pattern. In contrast, only 5% of the affirmed decisions analyzed for the study failed due to this particular combination of errors.

Another pattern seen in the unacceptable reversals was an overall higher error rate in the voluntary quit and job refusal decisions than in the discharge decisions. This can be attributed to the need to examine suitability of the work left or refused in addition to other good cause factors. Determining suitability remains difficult for many adjudicators yet it is vital. Suitability of the work was considered by the referee in nearly 25% of all reversed decisions in the sample. The referee's ruling on suitability directly caused over one third of those reversals.

There were a number of cases in which the adjudicator failed to correctly establish the claimant's labor market or the prevailing wage for a job in order to determine if a job was suitable for the claimant. In many of the reversed decisions where suitability had not been addressed correctly, the problem appeared to be one of documentation. The adjudicator would cite a prevailing wage or a labor market area without listing a source for the information. There were a number of cases, however, in which a source was cited but the source was not adequate to establish suitability. Examples of this would be another adjudicator (rather than the bus company) who provided information on bus schedules; or Employment Service job orders used to establish the prevailing wage, yet the job orders were not for the type of work at issue.

More disturbing were the cases in which the claimant raised the issue of suitability to the adjudicator but it was not investigated at all. Numerous voluntary quit and job refusal decisions were reversed because the referee ruled that the work left or refused was not suitable for the claimant and the adjudicator had never considered the issue. This specific error was found in 18.1% of the controllable voluntary quit reversals and 17.4% of the controllable job refusal reversals.

Finally, we identified a number of reversals due, not to inadequate factfinding, but to incorrect conclusions not supported by the facts. Included are cases in which the adjudicator failed to rule in accordance with established policies or directives. Among these are policies on the refusal of temporary work, the acceptance of a claimant's uncontroverted statement on his or her medical status, and the Agency's policy on the adjudication of drug testing cases.

Other controllable reversals fell into this category not so much because "the rules" were not followed but because important information gleaned during the investigation was ignored.

Discharge decisions failed from a tendency for adjudicators to focus entirely on the final incident causing the separation. We examined a number of disqualifying decisions in which the final incident was isolated in nature or clearly was not willful.

Leaving work due to illness or injury was an issue which also caused problems for adjudicators. The difficulty arose because there can be an implied job offer when the medical problem ceases to exist. This error appeared both in job refusal and voluntary leaving decisions as adjudicators wrestled with determining the date and the character of the work separation. A number of decisions were reversed because the adjudicator ruled, without verification, that a leave was followed by a job offer. There were also cases in which the adjudicator ignored the fact that a (non-disqualifying) separation had occurred because a medical leave of absence exceeded 31 days. Decisions were reversed as referees corrected these errors.

B. Tendency to issue disqualifying decisions

This study was begun with no preconceived ideas about the results. The magnitude of the overpayments being set up by BPC did lead us, however, to anticipate that too many adjudicators were allowing benefits too generously.

What we determined was just the opposite. As a state, 66.1% of all separation decisions written allow benefits. The reversed decisions, on the other hand, initially allowed benefits only 32.7% of the time. As a result, over \$900,000 is underpaid annually when disqualifying separation and job refusal decisions are reversed to pay. Even if just the underpayment due to controllable reversals is considered, this figure is only reduced to \$400,561 per year.

There was a real sense that adjudicators were punitive in their judgements of many claimants. Otherwise, the balance between allowing and disqualifying reversed decisions would more closely approach that of all decisions issued statewide.

This tendency to deny benefits would not be a problem if these decisions were correctly written. Unfortunately, the quality of these disqualifying decisions mirrored that of the reversed decisions in general. Only 34.2% (95 decisions) of the reversed disqualifying decisions examined for the study were acceptable. (See Attachment 3) The reversals were considered to be controllable by the Agency in 85 of these cases.

The sample of affirmed decisions was also weighted toward disqualifying decisions as only 33.7% of these initially allowed benefits. The real difference lay in the quality. Seventy-two percent of the affirmed disqualifying decisions were acceptable. In other words, even though benefits were not allowed, the disqualification was based on thorough factfinding and the conclusion reached was appropriate.

As explained previously, there was a widespread failure to give claimants the opportunity to rebut employer statements. In addition, many adjudicators erred because they accepted employer information without questioning it. There was a disturbing number of cases in which the claimant consistently denied the behavior alleged to have caused the work separation, yet the employer's statement was given full weight without the adjudicator having made any ruling on credibility.

When the claimant and employer do not agree as to the facts of a case, an adjudicator is required to decide between them based on their demeanor, consistency, logic, or other factors. The credibility ruling needs to explain why the adjudicator is choosing one party's statement over the other.

In order to rule on credibility, the adjudicator must give each party an opportunity to rebut the potentially damaging information provided by the other. Adjudicators asked specific, directed questions too few times. Often, both the claimant and employer were interviewed, but not asked about the same points. Writing a credibility statement without questioning both parties does not make sense, but there were numerous cases in the study in which this occurred.

Disqualifying decisions, when they are incorrectly written, do a disservice to all the parties involved. It could be said that the appeals process is the proper mechanism to resolve disputed claims. This should, and always will be the case. Too often in this study, the hearing was the means to correct errors made on the original decision. There are at least two arguments against viewing the hearings process this way.

The first is the waste of administrative dollars. Each hearing costs the Agency money for the referee's salary as well as for administrative support. In addition, processing retroactive benefit payments takes time in the field office as well as in several Central Office sections.

Earlier in this report, the relationship between reversal rates, appeal rates, and the quality of decisions was examined. There needs to be a differentiation between decisions which are appealed because the parties do not agree with the conclusion, and those which are appealed because the parties had no chance to present their side of the issue to the adjudicator.

It could be argued that due to budgetary shortfalls, there is not enough staff to adequately investigate every decision. There were many cases examined in this study in which the adjudicator reached all parties during the investigation but allowed them to "ramble". As a result, poor factfinding led to the wrong decision. The irony is that it would not have taken any more time to write a good decision than a bad one. Adjudicators need to use their time to ask questions which will elicit the most complete statements possible.

The other argument is that writing poor decisions is poor customer service. It is also failing to accord the parties due process. Both claimants and employers are our customers. While it may be easier to reach some employers by telephone than some claimants, that does not relieve an adjudicator of the need to give claimants the same opportunity to present information.

In many of the reversed disqualifying decisions, the claimant's written statement provided at the time of the Initial or Additional Claim filing was his or her only statement. No further attempts were made to contact the claimant either by telephone or mail. Claimants do not necessarily know what information will be important to the adjudicator. Some have difficulty communicating in writing. Some may not know they won't have a chance to talk to the adjudicator before a decision is made. All of these factors put the claimant at a disadvantage in the decision-making process unless the adjudicator actively directs the factfinding.

Another reason to be aware of issuing incorrect disqualifying decisions, is the impact this has on Oregon's Timely First Payment rate. Even though the state as a whole meets the federal DLA in this area, individual offices have problems from time to time. Each time the claimant's first payment is made retroactively, we create a situation in which Agency has less of a margin in which to issue truly uncontrollable late first payments.

C. Tendency to ignore pertinent information provided at the time of the appeal.

This study looked at the frequency with which parties provided new information at the time of the appeal. We wanted to determine if this new information was being considered by adjudicators and how often it was material to the reversal. For the purposes of this study, any information not documented during the adjudicator's original factfinding was considered to be new.

New pertinent information was present on a significant number of the appeal requests. Seventy-eight of the appellants on the reversed cases (18.9%) and 21 appellants on the affirmed cases (11.8%) provided new information on the appeal. The new information was considered in only 5 of those cases. The other 94 decisions were not reconsidered and there was no indication that the appellant's statement on the appeal had been read.

The five decisions which were reconsidered were later reversed by the referee. The reasons they were reversed were unrelated to the new information provided on the appeal request. The information had prompted a review but not a change of the decision at the field office level.

There were 7 reversed decisions in the sample in which new information was not considered by the adjudicator and the referee went on to reverse the decision based on the specific facts cited by the appellant. Had the adjudicator reviewed the appeal request in light of the original decision, a hearing might have been prevented and the total mispayment on those claims been reduced.

Especially disturbing were notes on some decisions that no action would be taken regarding the new information because the matter would be covered in the hearing. The attitude that the hearing is a means to correct lapses in the original factfinding is a wrong one. Reviewing new information for its relevance to a decision is expected of adjudicators now. It is also a way to obtain information from parties who could not be reached during the original factfinding.

This study indicates that only 1.7% of the separation decisions (39 decisions) reversed annually by referees would be changed if field offices reviewed and acted upon the new information provided on appeal requests. Though few decisions would be changed, improved customer service would result. A form letter could be developed which acknowledges the information and tells the appellant that their request for a hearing had been processed.

The administrative decision documents must be copied when processing an appeal request. A review for new information could be done most easily at that time. Many requests have no information on them and no extra time would be required. On the balance of the decisions, the adjudicator will often recall enough of the factfinding that the review would take very little time. Only when the appellant provides truly new information, would this process require much time. And, as stated before, considering new information is part of an adjudicator's job.

III. Other observations

While we did not approach the study with preconceived ideas about the results, we did get many opinions from the field about what we would find. The following sections will debunk a few of these ideas.

A. Decisions are reversed because people do not show up for their hearings.

We determined that the non-appealing party did not attend the hearing a substantial percentage of the time. [When the appellant does not appear, the hearing is dismissed.] This occurred in 195 cases, or 47.2% of the reversed decisions in the sample. Had this failure to appear caused the reversal in each of these cases, it would have been far and away the most significant reason for reversal documented in this study. As it turns out, the failure to appear was the primary reason for the reversal in only 98 of those cases. Considering that 90 decisions were reversed because of poor adjudicator factfinding and 65 decisions were reversed for other controllable reasons, failing to attend hearings loses significance in the overall reversal rate for the state.

B. Decisions are reversed because referees make mistakes.

Few decisions fell into this category. Only 10 decisions (2.4% of the reversed decisions in the sample) were reversed primarily due to a referee error. There was no discernable pattern to these errors except that 2 of the cases exhibited problems when determining the date and character of the separation following a medical leave of absence. This was a difficult area for many adjudicators as well.

C. Decisions are reversed because parties are represented at hearings.

There were 127 reversed decisions examined during this study in which either the claimant, the employer, or both were represented at the hearing. The same representative had been interviewed as part of the original factfinding in 98 of those cases. Although difficult to determine, the representation may have contributed to the reversal in 45 cases. These cases were those in which a party was represented and the reversals occurred due to differences of opinion on credibility, suitability, or the conclusion; and due to new information being presented at the hearing.

It is difficult to calculate the bearing representation has on a hearing. The representative may be more knowledgeable of, and less intimidated by, the hearings process. Representation can be an indicator that the party is better prepared to present evidence. This study could not determine how many of these 45 reversals were actually due to the representation as doing so would have required reviewing transcripts from each of the hearings to learn who provided what information. If each of the 45 decisions had been reversed because of the effect of the representation, this would account for 10.9% of the reversed decisions in the sample.

Representatives will sometimes bring witnesses to the hearing. The witnesses may present testimony which was unavailable to the adjudicator. This new information can lead to a reversal of the original decision in some cases.

Witnesses testified in 124 of the hearings which eventually reversed decisions. At least one of the parties was represented in 70 of those cases. When only those cases with representation and in which the witness' testimony had a possible effect on the reversal are considered, the number drops to 14 cases, or only 3.4% of the sample.

D. Decisions are reversed because referees use a different standard of evidence.

Oregon Administrative Rules 471-30-039 and 471-40-030 outline the standards of evidence which can be used by referees and adjudicators when finding facts. Referees are more limited in this than adjudicators. Referees must find facts based on reliable, probative, and substantial evidence. Adjudicators make decisions based only on reliable information.

Prior to this study, it was thought that these different standards would prevent any real comparison between the decisions reached by referees and adjudicators on the same issues. There were 67 reversed decisions (16.2% of the cases) in which the referee and the adjudicator reached different conclusions from essentially the same facts. In each of these cases the adjudicator's original factfinding and decision were adequate. Therefore, the reversals could be due to the different standards of evidence. It is also possible that the varying outcomes are due to nothing more than different interpretations of the facts. For example, was the discharge due to misconduct or just an isolated instance of poor judgement?

These 67 cases must be contrasted with 119 other decisions reversed because the adjudicator either reached an incorrect conclusion or conducted inadequate factfinding. In these cases, the reversal was not due to the referee applying a different standard but rather correcting faults in the original decision.

E. Decisions are reversed because people change their stories in the hearing.

These cases are included in the 63 decisions reversed due to new information being presented in the hearing when no adjudicator error had occurred in the original factfinding. When analyzing this reason for reversals, the study did not differentiate between decisions in which the adjudicator attempted but was unable to reach parties and those in which one of the parties presented an entirely different view of the separation than they had during the original factfinding.

If each of the 63 decisions in this category had been reversed due to a party changing their story, it would account for 15.3% of the reversals. More often, (i.e., 90 reversed cases) when a reversal resulted from new information it was due to a failure to conduct a thorough investigation during the original factfinding.

IV. Recommendations

Most controllable reversals in the study were caused by errors occurring when nonmonetary issues were poorly investigated or because the conclusion reached by the adjudicator was not supported by the facts. This corroborates both federal Quality Appraisal results and anecdotal information from the Hearings Section regarding the quality of nonmonetary decisions being seen on appeal.

Training, or training combined with an on-going review of nonmonetary decisions, seems to be the answer. Due to a variety of factors, notable being the administrative cost, review of nonmonetary decisions has been spotty over the past few years. The downward trend in Oregon's nonmonetary quality is indicative of this.

An automated sampling program with report capability will go far in assuring that such a continual review will occur. This new program has been suggested to the SESA'S administrative team and received a favorable response. The following paragraphs briefly outline the procedure which will be used.

Supervisory staff in the field offices will review nonmonetary decisions randomly selected by the mainframe computer. A subsample of these will also be reviewed by U.I. Program Technicians for validation purposes.

The results of the reviews will be shared with adjudicators throughout the state and will include detailed analysis of any errors found as well as examples of exemplary decisions. This evaluation will also comprise the federal Quality Appraisal for the following year.

Patterns of errors occurring with a particular adjudicator, in an office, or in a region will become apparent and training tailored to address these errors will be given. In time, both instate nonmonetary performance reviews and the federal Quality Appraisal results should show improvement in the quality of Oregon's nonmonetary determinations.

It is not possible to model cost/benefit ratios for system controls which are designed to improve the quality of nonmonetary decisions. The difficulty lies in predicting to what degree training will improve performance as individual adjudicators benefit differently from training. Modeling the reduced mispayments and resulting trust fund savings cannot be done with accuracy.

Finally, this study determined there are far more appeals reversals which set up underpayments than overpayments. A great many of these result from improperly written decisions. Correcting the underlying errors in these disqualifying decisions does not result in trust fund savings. It does mean, however, that eligible claimants are paid benefits promptly when due.

REVERSED/AFFIRMED DECISION REASONS

	<u>Reversed Decisions</u>	<u>Total Cases</u>	<u>% of Reversals</u>
Uncontrollable Reversals			
1. Claimant did not attend the hearing		67	16.20%
2. Employer did not attend the hearing		31	7.50
3. Credibility--Difference of opinion		15	3.70
4. Suitability--Difference of opinion		5	1.20
5. Conclusion and reasons--Difference of opinion		67	16.20
6. New information brought out at the hearing--No adjudicator error		63	15.30
7. Referee in error		10	2.40
Controllable Reversals			
8. Poor factfinding by adjudicator--Referee found the facts		90	21.80
9. Facts did not support the conclusion reached by the adjudicator		29	7.00
10. Suitability raised during investigation but not considered by adjudicator		25	6.00
11. Adjudicator incorrectly identified the issue (i.e., wrote a job refusal decision when no bona fide job offer was made)		2	.05
12. Adjudicator failed to reconsider based on new information raised on appeal--Referee reversed based on this new information		7	1.70
13. Employer did not attend the hearing due to failure by the Agency to give proper notice		2	.05
		413	100.00%
	<u>Affirmed Decisions</u>	<u>Total Cases</u>	<u>% of Affirms</u>
14. Referee found same facts and reached same conclusion		147	82.60%
15. Referee found different facts but reached same conclusion		24	13.50
16. Referee used different reasoning but reached same conclusion		7	3.90

CONTROLLABLE REVERSALS
DATA CALCULATIONSSample

413 reversals

155 controllable by Agency--37.5% ($155 \div 413 = .375$)
258 uncontrollable by Agency--62.5% ($258 \div 413 = .625$)

155 controllable reversals

28 cases with overpayments caused by reversal--18.1% (.181)
\$28,787.00 total controllable overpayment
\$ 1028.11--average overpayment per case

95 cases with underpayments caused by reversal--61.3% (.613)
\$72,621.00 total controllable underpayment
\$ 764.43--average underpayment per case

32 cases had no mispayment caused by reversal (i.e., weeks affected by the reversal were disqualified by another issue)

Statewide

2279 appeals reversals of separation and job refusal decisions per year*

855 controllable reversals ($.375 \times 2279 = 855$)

155 with overpayments caused by reversal ($.181 \times 855 = 155$)
\$159,357 overpaid annually ($155 \times 1028.11 = 159,357$)
\$127,485 net trust fund loss due to 20% recovery rate** ($159,357 \times .8$)

524 with underpayments caused by reversal ($.613 \times 855 = 524$)
\$400,561 underpaid annually ($524 \times 764.43 = 400,561$)

* Extrapolated from the 1990 MA5-130 reports

** Overpayments caused by appeals reversals are set up under ORS 657.315
The recovery rate for overpayments set up under this statute is 20%
due to the limited collection activity methods allowed by this law.

ALLOW/DISQUALIFY PERCENTAGES

Statewide

Allow--65.1%
Disqualify--33.9%

413 Reversed Decisions

135 Allow--32.7% ($135 \div 413 = .317$)
278 Disqualify--67.3% ($278 \div 413 = .673$)

135 Allow
65 Acceptable QPI*--48.1% ($65 \div 135 = .481$).
70 Unacceptable QPI*--51.9% ($70 \div 135 = .519$)

278 Disqualify
95 Acceptable QPI*--34.2% ($95 \div 278 = .342$)
183 Unacceptable QPI*--65.8% ($183 \div 278 = .658$)

178 Affirmed Decisions

60 Allow--33.7% ($60 \div 178 = .337$)
118 Disqualify--66.3% ($118 \div 178 = .663$)

60 Allow
44 Acceptable QPI*--73.3% ($44 \div 60 = .733$)
16 Unacceptable QPI*--26.7% ($16 \div 60 = .267$)

118 Disqualify
85 Acceptable QPI*--72.0% ($85 \div 118 = .720$)
33 Unacceptable QPI*--28.0% ($33 \div 118 = .280$)

* A QPI score of at least 81 is required for a decision to be acceptable.

CH-063

STATE OF OREGON
EMPLOYMENT DIVISION
QUALITY CONTROL UNIT

QUALITY IMPROVEMENT PROJECT

B E N E F I T Y E A R E A R N I N G S S T U D Y

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September, 1991

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BACKGROUND

Prior to 1984 all claim information was hand documented on each claim ledger in the field offices. This information included whether payment was made, waiting week credited or disqualification weeks assigned. Earnings reported by the claimant were also documented on the ledger. Additionally, the continued claim form required entry of the name and address of the employer, for whom the claimant worked.

As a result of these procedures, it was possible for the field office to readily detect earnings during a continued claims series and to readily identify the claimant's employer. The field office was then responsible for sending a Request for Verification of Employment (Form 354) to the employer. This form asked the employer to provide dates of work and gross wages for a one or two week period. It also asked if the claimant was available for all work offered and whether he/she was terminated for any reason other than lack of work.

In 1983 and 1984 a series of changes evolved which eventually obsoleted these policies and procedures.

In 1983 UI Revision resulted in a more complete claim record accessible by the computer terminal and correspondingly less information on the paper ledger. It was no longer necessary to hand document weeks paid or earnings reported since this information could be viewed on the computer.

In July 1984 the agency implemented an optical scanner, at which point the continued claims process completely by-passed the field office. Field personnel no longer processed claim certifications or matched them to an individual claim file at any point. In addition, the continued claim form was revised and simplified, and identification of employers for whom the claimant worked while claiming benefits was no longer required.

CURRENT PROCEDURES

The Request for Verification (Form 354) still exists, but the only guidelines remaining for its use are "at the discretion of the field office." In practice the field offices rarely use the form since there is no longer any reasonable means for the field office to routinely determine when claimants are reporting earnings or for whom they are working.

Thus, over the last four years, methods used in the field offices to detect issues surfacing as a result of reported earnings during a claim series have been, in essence, virtually eliminated. The Quality Improvement Project regularly monitors and codes causes of overpayments and detection methods. In 1990 QIP estimates that only 121 cases totalling \$12,765 of overpayments were detected by using the Request for Verification Form 354.

The remaining detection method is the crossmatch system. Using this system wages reported quarterly by employers are computer matched against earnings reported by claimants in the same quarter. Through the first quarter of 1991 the criteria for selection by the match is that the earnings for the quarter were at least \$500, and the weeks claimed plus the weeks of work reported by the employer totalled at least 14. In addition, five weeks of unemployment benefits were required to have been paid to the individual in the quarter.

The new crossmatch system began in May 1991. It utilizes a Pindex System. There is no data on whether it will detect more or less overpayment. The most attractive feature of this system is the flexibility for staffing purposes.

There is no question that the crossmatch system detects payment errors. In 1990 QIP estimates that crossmatch alone detected \$1,699,463 in overpayments due to misreported and unreported earnings errors.

Either crossmatch system is limited by the selection criteria. There is not a 100% "hit" rate. Because crossmatch is a comparison of what claimants report and what is reported by employers, the detection of issues is often very late. Although claimants report earnings within a two week period of when the work was done, employers report the weeks of work and earnings several months later. Thus, if earnings are misreported, benefits may be mispaid for up to 32 weeks. This obviously causes the dollar amount of some of these overpayments to run into the thousands of dollars before they are detected.

The recovery rate of these large overpayments is bleak. After a three year period has elapsed, QIP statistics indicate recovery of earnings violation overpayments greater than \$1000 is 61.8%.

QUALITY CONTROL DATA

QC error estimates indicate a large rise in earnings errors from 1988 to 1989. The error estimates increased from \$1,220,577 to \$4,854,052. A large percentage of this rise was in the Benefit Year Earnings area.

Below is a chart showing the Quality Control data for Benefit Year Earnings errors for the years 1987, 1988, 1989 and 1990.

QC estimate	1987	1988	1989	1990
Unreported & misreported errors	\$2,955,381	\$1,220,577	\$4,854,052	\$4,925,528
Unreported errors *	\$1,324,839	\$457,716	\$2,375,214	\$2,042,292
Misreported errors *	\$1,630,542	\$762,861	\$2,478,838	\$2,883,236

QIP reviewed the Benefit Year Earnings errors during 1988 and 1989 to understand the errors. It was hoped that through this understanding it would be possible to determine what caused the increase in errors.

* It is important to note that unreported errors include only unreported or concealed earnings or days/hours of work by QC definition.

What I have called "misreported earnings" may include the following:

- 110 = Earnings or days/hours of work incorrectly estimated/reported/recorded or deducted.
- 120 = Errors in reporting or unreported Severance Pay.
- 130 = Errors in reporting or unreported Vacation Pay.
- 140 = Errors in reporting or unreported Social Security or Pension Benefits
- 150 = Other causes related to reporting or recording of earnings or days/hours of work for Key week.

ANALYSIS OF QUALITY CONTROL DATA

Four hundred cases were selected for Quality Control review in 1989. Within this sample, 28 cases were found to be overpaid due to benefit year earnings errors. This is an increase in the number of cases over 1988 data, when there were 19 benefit year earnings errors in the 410 Quality Control cases. The average dollar amount of each error also increased, from \$22 in 1988 to \$49.60 in 1989.

QIP has analyzed the 1989 Quality Control payment errors to determine the reason for the increase and whether patterns exist.

Twenty errors were due to claimants underreporting their earnings. Claimants who did not report their earnings accounted for five errors. The remaining three errors were the result of unreported holiday pay, a fisherman doing gear work, and one scanner unit miskey.

Of the 28 overpayment errors, 24 occurred during the continued claim series. Three errors occurred during the week a claim was reopened following a period of work. One error occurred when the IC week, which had been allowed as the waiting week, was found to be excess earnings instead of partial earnings.

By the very nature of Quality Control the data is more reliable in accurately estimating misreported earnings than unreported earnings. The figures for unreported earnings are undoubtedly low. This is because it is not possible for the Quality Control investigator to always determine whether there are concealed earnings. The only times they are discovered is if 1) the claimant either intentionally or accidentally "volunteers" the information or 2) the claimant is working for one of the people contacted in the Quality Control investigation (base year employer, work search contact, most recent employer).

For the same reasons that make it difficult for Quality Control to detect unreported earnings, it is difficult for the Employment Division to detect them through claims procedures. One very effective method is through a post audit feature, the Benefit Payment Control crossmatch.

BENEFIT PAYMENT CONTROL DATA

Another piece of the puzzle is added when BPC data is considered.

In 1989 overpayments were set up in the Benefit Year Earnings area totalling \$1,978,971. This has been broken down into the categories of misreported and unreported earnings as follows.

Unreported earnings	= \$1,154,819
Misreported earning	= \$ 824,152

However, to differentiate between the amounts of overpayment by unreported and misreported earnings using BPC data, one must use qualifiers. The total set up of \$1,978,971 is an accurate figure. The breakout of unreported and misreported earnings figures are not accurate. When an overpayment is coded and a distinction made between the error factor of misreported vs unreported earnings, an overpayment is coded as a misreported earnings overpayment if one week or more of the overpayment had earnings reported by the claimant. Thus, if 13 weeks were overpaid due to earnings violation and 12 of the weeks had no reported earnings and one had underreported earnings, all 13 of the weeks would be coded as misreported earnings. The conclusion to be drawn from this is that the unreported earnings figure is somewhat understated and the misreported earnings figure is overstated...although it is impossible to know how much.

In addition to the crossmatch, the Employment Division also has plans to institute a method that will detect unreported earnings in certain circumstances. There will be an automatic earnings indicator placed in the system when a claimant files an initial claim or an additional claim and lists a date during the IC/AC week as his/her last date of work. This will put a flag on the system to generate a message to the claimant if earnings are not reported during the week. This system control will not affect misreported earnings.

Due to the difficult nature of detecting unreported earnings, the new system control being instituted and the high success of crossmatch in detecting unreported earnings, QIP determined to study only misreported earnings in the 1990-1991 year.

THE STUDY

Sample

There were two ways this study could have been approached. 1) A sample could have been pulled from claimants currently reporting, or 2) a sample could have been pulled from an earlier period of claims filed.

The design of this study was affected by the implementation of the Partial to no earnings study. The partial to no earnings implementation selects individuals who have reported a week of partial earnings followed by a week in which no earnings are reported. From the study data in 1987 which caused the test implementation, QIP estimates that 20.326 percent of all partial earnings weeks are followed by a week with no reported earnings.

It was determined that to utilize a current sample of weeks with partial earnings reported would intersect significantly with cases which would be selected also on the Partial to no earnings test implementation. This would have caused many problems. We would have been requesting information from over 20 percent of the selected claimants twice. It would have been difficult to set the procedures up such that the information received from the Partial to no earnings implementation would have been readily available for the Benefit Year Earnings study. In addition, there would have been a required delay to determine whether the partial earnings week was followed by a no earnings week. Then if it was not, staff would have requested the information from the claimants for the Benefit year earnings study.

The exceptions which have been screened out from the Partial to no earnings implementation would have created additional confusion for the QIP staff. Weeks occurring at the Initial Claim/Additional Claim processes, weeks with earnings utilizing the Partial Earnings Form 192 and Pacific Maritime Association are screened out. Also screened out of the Partial to no earnings implementation are individuals who are working for employers part-time one week on, one week off. This would have made it virtually impossible to determine for certain whether an individual had already been contacted.

These exceptions would have played havoc with determining the sample.

A second problem dealt with the employer verification process. We are verifying approximately 10% of the "lack of work" responses on the Partial to no earnings procedure. This process does not verify earnings during the partial earnings week. It verifies the reason for separation and available status. Thus, we would be sending two inquiries to many of the same employers for different information. This is not good public relations.

To exclude all partial to no earnings cases from the Benefit Year Earnings Study, however, assumes that these cases would have an equivalent rate of mispayment. QIP was uncomfortable with this assumption.

Thus, it was established that at this point in time the only effective sample to use was from an earlier period of time. It was determined to use the QC cases in 1990 as a sample and to attempt to verify the earnings reported on all weeks.

Methodology

Printouts were made on all 1990 Quality Control cases. All weeks on the 400 claims were used. There were 400 Quality Control claims during 1990. We reviewed the weeks claimed on these 400 claims plus all weeks these individuals claimed in 1990 on earlier or subsequent claims as well. Cases were divided into two groups by whether any 1990 weeks had earnings. Verification was attempted on all weeks with earnings.

The first step required that the employer be identified. This was done through several methods. If the weeks were within a quarter which had been selected for crossmatch, the crossmatch records were used if still available. Tax records from employers were used.

Claim records were used to attempt to determine who the claimant worked for. The weekly certifications were pulled to determine whether the claimant had listed his/her employer for the week.

Once this information was secured, a form was sent to the employer requesting the earnings for the specific weeks that the claimant had reported earnings. If this form was not returned by the employer, a second request was sent.

Attempts were made to reconcile differences between what claimants reported and what was reported by employers until a "correct earnings" figure was reached.

There were problems which prevented 100% verification. The major problem was that many of the crossmatch records which were cleared by investigators during the first two quarters of 1990 were no longer retained. QIP did not recontact employers who had already provided the information the first time.

A further problem was that employers did not respond to the requests for information in some cases.

FINDINGS

All Weeks of Earnings

There were 6580 compensated weeks (either paid or given waiting week credit) during 1990 in the sample.

823 of the weeks had reported earnings. Thus, 12.5% of the weeks had earnings. We attempted to verify the reported earnings on these weeks. We were able to verify 425 weeks of earnings. The largest number of those we were unable to verify was because crossmatch data is no longer available on the early quarters of 1990. There were an additional number of claims on which it was impossible to determine who the claimant worked for during the week through the employee reports or additional claim information.

As our report form does not request the claimant to provide the name and address of his/her employer during a week worked, this information was not available to us.

There were 398 weeks with reported earnings that we were unable to verify.

Of the 425 weeks we were able to verify, 243 had correct earnings. 185 had incorrect earnings which caused mispayment. 144 were overpaid a total of \$5612, 41 were underpaid \$795, for a net overpayment of \$4816.

We pursued three areas independently, seeking an area which could be targeted as having high likelihood for overpayments.

The three areas chosen were

- 1) Earnings at the IC week
- 2) Earnings at the AC week
- 3) The first week of reported earnings directly following a week in which no earnings are reported.

We speculated that these are high areas of overpayment based on our knowledge that claimants often mistakenly report earnings when paid rather than when earned. Thus, we expected there may be a higher percentage of overpayment/mispayment at these points.

Earnings at the Initial Claims Week

There were 284 initial claims filed during 1990 in the 1990 QC cases. On 137 of these claims, the initial claim week had been claimed. A full 32% of these had earnings, or 44 cases. Comparing this figure to the percentage of weeks in the total sample that had earnings, 12.5%, this is a significantly higher figure.

We were able to verify the earnings on 31 of the 44 weeks. Although in 20 weeks the claimants had erred in reporting the earnings, in each case the correct earnings were less than the WBA, so the effect was moot. There was not a single case where an overpayment was caused at the initial claim by misreported earnings.

Earnings at the Additional Claims Week

460 additional claims were filed in 1990 on the Quality Control cases. There were 377 weeks claimed at these additional claims. Earnings were reported 111 times during these 377 weeks. Thus, 29.4% of the weeks had earnings. This again is a very high percentage compared to the 12.5% of weeks with earnings in the sample.

We were able to verify the reported earnings on 73 weeks. 37 weeks had correct earnings, 36 had incorrect earnings. 35 weeks resulted in 25 weeks with \$385 overpayment and 10 weeks with \$225 underpayment for a net overpayment of \$660.

The First Week of Reported Earnings Directly Following a Week in Which No Earnings are Reported

This scenario occurs when weeks are claimed without earnings and a consecutive week is claimed with earnings. An example is as follows:

week 1	no earnings
week 2	no earnings
week 3	earnings
week 4	earnings

In this example, week 3 is the first week of reported earnings during a claim series. This scenario may occur more than once on a claim, and in fact did occur 149 times on 108 claims of the sample. Hereafter, these occurrences will be referred to as "First week of reported earnings during a claim series."

We were able to verify the earnings on 75 of the 149 weeks. In 14 weeks the earnings were incorrectly reported. However, both the reported and the correct earnings on these 14 weeks were less than 1/3 of the weekly benefit amount, so they caused no resulting mispayment. 23 weeks did result in mispayment. 14 weeks were overpaid \$499, 9 weeks were underpaid \$55, for a net overpayment of \$444.

How do these three areas compare to the total sample?

All weeks in the sample

by number of cases:

185 number of weeks mispaid
425 number of weeks verified
= 44%

by dollars:

\$4816 net overpayment
425 number of weeks verified
= \$11.33 per week average

Weeks at the IC

by number of cases:

0 number of weeks mispaid
31 number of weeks verified
= 0%

by dollars:

\$0 net overpayment
31 number of weeks verified
= \$0 per week average

Weeks at the AC

by number of cases:

35 number of weeks mispaid
73 number of weeks verified
= 48%

by dollars:

\$660 net overpayment
73 number of weeks verified
= \$9.04 per week average

First week of reported earnings occurring during a claim series

by number of cases:

23 number of weeks mispaid
75 number of weeks verified
= 31%

by dollars

\$444 net overpaid
75 number of weeks verified
= \$5.92 per week average

There are two very interesting facets to these figures.

The first is that the rate of the number of overpayments is highest for earnings occurring at the additional claim weeks. 48% of the weeks verified resulted in mispayment as compared to the data for all weeks in the sample, where 44% of the verified weeks resulted in overpayment. Thus, the number of mispayments is somewhat higher for the additional claims weeks. The dollars of mispayment, however, are significantly higher for all weeks in the sample at \$11.33 than for weeks claimed at the AC, \$9.04. It is surprising that the average overpayment for the first week of reported earnings sample is so low (\$5.92).

Thus, the conjecture and speculation of these three areas (at the IC, AC, and first week of the claim series) being high areas of mispayment appears incorrect by this sample, at least in terms of actual dollars.

There were two very large overpayment cases that appear to affect the high dollars overpaid in the sample of all weeks with earnings. These large overpayments occurred in consecutive weeks during the claim series. They caused many entire weeks to be overpaid, which raised the average per week overpayment. Although there is no way we can reliably speculate based upon two cases, there is no reason to believe that this is an unusual phenomenon either.

SYSTEM CONTROLS

Each of the following system controls would require a change to the certification to ask the claimant to list who he/she worked for during the weeks being claimed.

100% Verification - Manual

A 100 % verification could be done using the existing, but seldom used, Verification of Earnings Form (354). The scanner would "kick out" all weeks with reported earnings, as it does currently to verify whether the scanner has correctly read the numbers. The necessary parts of the verification form would be completed and it would be sent to the employer. Using our current method of processing certifications, it would be most feasible to send the 354s from the Scanner Unit. They would be returned by the employer to the same unit.

At this point the earnings reported by the employer must be compared with the earnings reported by the claimant. This can be done easily if the claimants' reported earnings are encoded on the verification form when it is sent to the employer. When it is returned, these figures can be compared without further steps such as accessing the claimants records on the computer terminal.

Once the earnings are compared, three scenarios are possible:

- 1) If the figures agree, the form can be batch filed.
- 2) If the information from the employer is confusing, a job service representative may need to contact the employer for clarification.
- 3) If the figures do not agree and will result in a mispayment, the claimant must be contacted for rebuttal. Probably the easiest way to do this is by mail, using another existing form, the 354A.

100% Verification - Automated

A 100% verification could also involve an automated verification form. This is an idea that has been around since the Work Simplification Quality Improvement Project (WSQIP) committee met in 1985. The WSQIP committee stated that the Tartan terminals could be programmed to complete many of the fields on an automated form, i.e., claimant name, Social Security number; weeks to be verified. The staff would only need to key in the employer name and address.

The rest of the process would be the same as for a manual verification process.

Another option, closely related, would be to verify 100% of certain Social Security numbers, i.e., verify all Social Security numbers ending in "0" during one week; verify those ending in "1" the following week, etc.

This would reduce the workload by 90%, while still detecting some overpayment and possibly preventing more by letting claimants know that the agency routinely verifies earnings (there are no figures available to determine what the prevention rate would be).

Earnings at the Initial Claim

Our sample produced no cases where misreported earnings caused a mispayment. Obviously, there are cases where this would not be true. They just did not appear in our sample.

Thus, it is impossible for us to conclude that the problem warrants system control at this point.

Earnings at the AC Week

This system control would send a Verification of Earnings to the employer when a week with earnings is claimed at the additional claim. It would verify the earnings for the weeks of the AC only. The scanner would place an indicator on all first weeks generated at the AC. These certifications would "kick out" into a pocket of the scanner if earnings were reported when the week was claimed. This second process requires the scanner unit to send the verifications (either by hand or automatically).

First Week of Earnings During Claims Series

It would be possible to verify earnings during the first week that earnings are reported during a claim series.

An indicator would be placed on each cert as it is generated if the preceding cert processed did not have earnings. Thus, when the new cert was processed any earnings would cause it to be kicked out by the scanner.

Again, from this point, the process would be identical to other methods of sending the verification to the employer.

TRUST FUND SAVINGS/ADMINISTRATIVE COSTS

The savings possible with each system control were computed. An explanation of how these numbers were reached is found in the appendix on pages vi-x.

Trust Fund Savings	Administrative Costs*	Ratio Savings:Cost
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All weeks in the sample

\$1,037,141	manual \$143,259	7.24 : 1
\$1,037,141	automated \$118,254	8.77 : 1

Weeks claimed at the IC

We did not pursue this area as there was no measured savings from this study.

Weeks claimed at the AC

\$145,454	\$40,541	3.59 : 1
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First week of earnings during a claim series

\$77,429	\$39,369	1.97 : 1
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* There are two types of administrative costs to be considered, annual, ongoing costs and the one-time start up costs. We have outlined the annual costs in detail. The one-time start up requirements have been explained in a narrative form, but they have not been costed out explicitly.

RECOMMENDATION

The best cost/benefit ratio is definitely found if all weeks were verified. However, this option would require a total of 3.37 staff. Using a more automated system, it could be reduced to 2.7 staff.

Much debate would be expected as to whether verifying all earnings would provide good customer service. Although ultimately it would save money to the trust fund, many employers would be unhappy with the added work of completing earnings verification forms every two weeks when they have a part time employee who is on an unemployment claim. There are also employers who pay on such complicated pay plans that it is impossible for the claimant to "correctly" report earnings each week. Of course, there are also employers who do not report earnings correctly when asked to verify earnings. Thus, in some cases, it may seem an imposition to the employer and harassment to the claimant to routinely verify all earnings.

There is also the problem that crossmatch requests the same information from many of the same employers on a quarterly basis. This problem could be diminished if there was a way of screening out weeks that have already been resolved when crossmatch letters are sent. There would also have to be a way to select out cases where verification is not necessary, as in cases where the partial claims are completed by the employers. Neither of these options are currently possible using Oregon's system, however.

Considering these problems, plus the administrative costs in staffing, it cannot be recommended that we verify all earnings at this time.

Verifying earnings more selectively, as with verifying only at the additional claim or the first week of earnings during a claim series reduces the administrative cost. To verify only at the additional claim, for example, would require .95 total staff. Verifying earnings at the first week of earnings during a claim series would require .93 total staff.

These system controls would not inundate employers as verifying all weeks would. Several of the problems cited earlier therefore would not exist. However, neither of these options has a very good cost/benefit ratio at 3.59: 1 and 1.97 : 1, respectively.

In light of QIP's recent experience with the Partial to no earnings implementation, we believe that implementation of the Benefit Year Earnings study requires serious thought. Centralizing parts of a process inevitably affects the field offices. If the process was to be given a chance to work, it would have to be set up in such a way that the field offices would take over the investigation at the point of contacting the claimant. Otherwise, experience tells us that claimants would contact the central office, both the central office and the field office, or just the field office to provide requested information. This creates much confusion over who has responsibility for the issue.

For all these reasons, QIP does not recommend further action on this study at this time. It may be that in the future, with a new system of scanning certifications, or with a guide system, that one of these system controls may be effective in reducing trust fund loss due to errors in claimants reporting earnings at a reasonable cost to the agency. When Oregon has a new system in place, we will reevaluate the potential effectiveness of these system controls.

APPENDIX -

1990 DATA

Number of weeks paid in 1990	= 1,678,636
Number of weeks claimed in 1990	= 1,795,145
Number of ICs in 1990	= 157,182
Number of ACs in 1990	= 156,826
Number of QC cases in 1990	= 400
Number of weeks paid on QC cases in 1990.	= 3,131
Number of QC cases w/o Earnings	= 208
Number of weeks paid (including WW) on QC cases w/Earnings	= 823
Number of QC cases w/ earnings	= 192
Number of weeks paid on QC cases without earnings	= 2308
Return rate on 354s per 1990 Continued Claim study	= 79.8%
Recovery rate of overpayments due to earnings issues	= 61.8%

SAMPLE DATA

Number of QC claims	400
Number of weeks compensated (paid or WW) in sample	6580
Number of weeks with earnings	823
Number of weeks verified	425
Number of weeks not verified	398
Number of weeks with incorrect earnings causing a mispayment	185
number of weeks overpaid	144
Amount of overpayment	\$5612
Number of weeks underpaid	41
Amount of underpayment	\$795
Net amount of overpaid	\$4816
Number of weeks compensated in 1990	1,678,636
Number of ACs filed in 1990	156,826
Number of ICs filed in 1990	132,075
Amount of net overpayment (OP - UP) that crossmatch would have detected.	\$917

Initial Claims Sample Data

Number of ICs in 1990 QC cases	284
Number of weeks claimed during the IC week	137
Number of weeks with earnings during the IC week in sample	44
Number of weeks with earnings verified	31
Number of weeks with earnings not verified	13
Number of weeks with mispayments	0
Number of weeks overpaid	0
Amount of overpayment	\$0
Number of IC weeks with correct earnings	11
Number of IC weeks with incorrect earnings, but less than WBA	20

Additional Claims Sample Data

Number of ACs filed during 1990 on the QC cases	460
Number of ACs filed during 1990 on the QC cases with weeks claimed	377
Number of weeks with earnings at the AC in the sample	111
Number of AC weeks with earnings verified	73
Number of AC wks with earnings not verified	38
Number of AC wks with correct earnings or where the earnings difference was less than 1/3 WBA	37
Number of weeks overpaid	25
Amount of overpayment	\$885
Number of weeks underpaid	10
Amount of underpayment	225
Amount of net overpaid	\$660
Net amount (OP - UP) of OP that crossmatch would have detected	\$147

First Week of Earnings During a Claim Series Sample Data

Number of <u>claims</u> with earnings beginning during a claim series in <u>sample</u>	108
Number of <u>weeks</u> with earnings beginning during a claim series in sample	149
Number of weeks with earnings verified	75
Number of weeks with earnings unable to verify	74
Number of weeks overpaid	14
Amount of overpayment	\$499
Number of weeks underpaid	9
Amount of underpayment	\$55
Net overpaid (amount of overpayment - underpayment)	\$444
Number with earnings wrong but less than 1/3 WBA	14
Amount of net OP (OP - UP) that crossmatch would have detected	\$217

TRUST FUND SAVINGS COMPUTATIONS

All Weeks in the Sample

To determine trust fund savings we had to take much into consideration based upon the limitations of the study and the data available from routine reports.

First, was the problem of not being able to verify the earnings in all weeks of the sample. For the purposes of the study, we had to assume that the percentage of mispayment would be the same in the cases we were unable to verify as for those cases we were able to verify.

The equation to rectify this is expressed by:

$$\frac{A + B^*}{A} \quad (\text{See below for explanation of the letters})$$

The next thing we had to deal with was that routine reports do not provide the number of weeks compensated with earnings. It is possible to arrive at a figure through the 5159 report. However, this figure does not include weeks with partial earnings which are less than 1/3 the weekly benefit amount. The figures we do have and decided to use are the number of weeks compensated in 1990 and the number of weeks compensated in the Quality Control sample. This is expressed by:

$$\times \frac{C}{D}$$

We must then factor in the net dollars overpaid which were detected in the QC sample. As stated earlier, however, crossmatch detects much overpayment due to misreported and unreported earnings. This must also be factored in. (We compared the weeks and earnings reported by both the claimants and the employers to determine how much of the overpayment crossmatch would have detected. This would be recovered at 61.8%).

$$\times E - (F \times .618)$$

- * A = number of verifiable weeks compensated with earnings
- B = number of unverifiable weeks compensated with earnings
- C = number of weeks compensated in 1990
- D = number of weeks compensated in QC sample
- E = net dollars overpaid in all weeks of QC sample in 1990
- F = net dollars detectible by crossmatch in all weeks claimed sample
- .798 = % employer verifications returned by employers
- .618 = recovery rate for earnings violation overpayments

Not all verification forms are returned by employers. From a previous QIP study, this return rate has been established at 79.8%. To figure this in, we've computed it as:

$$\times .798$$

And finally, since overpayments set up are not 100% recoverable, and we know the recovery rate for earnings violations overpayments is 61.8 %, this is expressed by:

$$\times .618$$

Therefore the complete formula used to compute the trust fund savings using all weeks with earnings in the sample is as follows:

$$\frac{A + B}{A} \times \frac{C}{D} \times (E - (F \times .618)) \times .798 \times .618 = \text{Trust Fund Savings}$$

Computing this with the figures we've found in the study provides the following:

$$\frac{425 + 398}{425} \times \frac{1,678,636}{6,580} \times (\$4816 - (917 \times .618)) \times .798 \times .618 =$$

$$1.94 \times 255.11 \times \$4249.30 \times .798 \times .618 = \$1,037,141.$$

Wks clmed at the Additional Claim:

$$\frac{g + h}{g} \times \frac{i}{j} \times (k - (L \times .618)) \times .798 \times .618 = \text{Trust Fund Savings}$$

$$\frac{73 + 38}{73} \times \frac{156,826}{460} \times (\$660 - (\$147 \times .618)) \times .798 \times .618 =$$

$$1.52 \times 340.93 \times \$569.15 \times .798 \times .618 = \$145,454.$$

g = number of verifiable AC weeks compensated with earnings
h = number of unverifiable AC weeks compensated with earnings
i = number of ACs filed in 1990
j = number of ACs filed in 1990 QC sample
k = net dollars overpaid in AC weeks with earnings in QC sample
L = net dollars detectible by crossmatch in AC sample
.798 = % employer verifications returned by employers
.618 = recovery rate for earnings violation overpayments

First Week of Earnings in Claim Series

$$\frac{m + n}{m} \times \frac{c}{d} \times (q - (r \times .618)) \times .798 \times .618 = \text{Trust Fund Savings.}$$

$$\frac{75 + 74}{75} \times \frac{1,678,636}{6580} \times (\$ 444 - (217 \times .618)) \times .798 \times .618 =$$

$$1.986 \times 255.11 \times \$309.89 \times .798 \times .618 = \$77,429.$$

m = number of verifiable first weeks with earnings

n = number of unverifiable first weeks with earnings

c = number of weeks compensated in 1990

d = number of weeks compensated in QC sample

q = net dollars overpaid in first weeks with earnings sample

r = net dollars detectible by crossmatch in first weeks with earnings sample

.798 = % employer verification returned by employers

.618 = recovery rate for earnings violation overpayments

ADMINISTRATIVE COSTS COMPUTATIONS

All Weeks - 100% Verification

Annual Costs:

This system control assumes the centralized processing that we currently use, and assumes that we are using the current scanner for processing certifications. The central office performs the first half of function. Once a discrepancy affecting payment is found, the issue would be referred to the appropriate field office for resolution.

<u>Task</u>	<u>Who</u>	<u>Time per each</u>	<u>How many</u>
1. send 354	office spec 2	1 min	823 (#wks w/ \$ in sample x 1,678,636 (wks clmed 1990 ÷ 6580 (wks clmed in sample x .67(ratio certs to wks clmed = <u>140,671</u>
2. Review ret'd 354	office spec 2	15 sec.	140,670.52 x .798(% 354 ret'd) = 112,255 ÷ 4 = 28,063 = <u>28,063</u>
3. Determine effect of discrep. on WBA.	office spec 2	1 min	185 (mispays) + 68(wks w/wrong earnings, but not causing mispay) ÷ 425 (# wks verified) = .595 x 112,255 = <u>66,79</u>
Total office Spec 2 minutes =			235,526
4. Send 354A	field JSR	1 min	48,864 + 2443 = <u>51,307</u>
5. Do calc. & 63p	field JSR	1 min	185(# OP + UP) 425(#wks verified) X 112,255 = <u>48,864</u>
6. Investigate in more detail	field JSR	10 min	.05(est % requiring more invest) x 48,864 = 2,443 x 10 mins = <u>24,430</u>
Total JSR minutes			= 124,601

Office Spec 2:

$$235,526 \div 60 \text{ min} = 3,925 \div 1775.96 = 2.21 \times \$37,900 = \$83,759.$$

JSR

$$124,601 \div 60 = 2,076 \div 1775.96 = 1.169 \times \$50,884 = \$59,500.$$

$$\$83,759 + \$59,500 = \$143,259.$$

Start Up Costs: This system control requires the certification to be revised to require that the claimant list who he/she worked for during the weeks being claimed.

100% Verification using automated form

Using an automated form would reduce the ongoing costs in the first step of this process only. By prefilling the claimant information on an automated form, it is estimated the first step, sending the employer verification, would take an average of 30 seconds per case. The rest of the on-going administrative costs would remain the same.

Annual Costs:

$$\left. \begin{array}{l} 1. 70,335 \\ 2. 28,063 \\ 3. 66,792 \end{array} \right\} 165,190 \text{ min} \div 60 = 2,753 \div 1775.96 = 1.55 \times \$37,900 = \$58,754$$

$$\left. \begin{array}{l} 4. 51,307 \\ 5. 48,864 \\ 6. 24,430 \end{array} \right\} 124,601 \text{ min} \div 60 = 2,076.68 \div 1775.96 = 1.17 \times \$50,884 = \$59,500$$

$$\$58,754 + \$59,500 = \$118,254.$$

Start Up Costs: This option would require reprogramming of the Tartan Terminals, which would be a one-time cost. It also requires revision of the certification to ask the claimant who he/she worked for during the weeks.

Weeks Claimed at the AC

Annual Costs:

111 AC weeks claimed with earnings in the sample

$$\frac{\text{\#ACs filed in 1990}}{\text{\#ACs filed in 1990 QC sample}} = \frac{156,820}{460} = 340.91$$

$$\text{\#ACs filed in 1990 QC sample} = 460$$

$$111 \times 340.91 = 37,841 \text{ (Number of certs with earnings at the AC.)}$$

<u>Task</u>	<u>Who</u>	<u>Time per each</u>	<u>How many</u>	<u>Total Min</u>
1. send 354	office spec 2	1 min	37,841	= <u>37,841</u>
2. Review ret'd 354	office spec 2	15 sec.	$37,841 \times .798 \text{ (\% Ret'd)}$ $= 30,197 \div 4$	= <u>7,549</u>
3. Determine effect of discrep on WBA.	office spec 2	1 min	$35 \text{ (AC w/\$ OPs + UPS)} + 11 \text{ (wks w/incorrect \$, but not affecting WBA)} \div 73 \text{ (AC wks verified)} = .63 \times 30,197$	= <u>19,024</u>
Total office Spec 2 minutes				= 64,414
4. Send 354A	JSR	1 min	$14,478 + 724 =$	<u>15,202</u>
5. Do calc. & 63p	JSR	1 min	$35(\text{\# AC w/\$ OPs + UPS})$ $73(\text{\#ACwks verified}) \times 30,197 =$	<u>14,478</u>
6. Investigate in more detail	JSR	10 min	$.05(\text{est \% needing more invest}) \times$ $14,478 = 724 \times 10 \text{ mins}$	= <u>7,240</u>
Total JSR minutes				= 36,9

Office spec 2

$$64,414 \div 60 \text{ mins} = 1073.57 \div 1775.96 = .60 \times \$37,900 = \$22,911.$$

JSR

$$36,920 \div 60 \text{ mins} = 615.33 \div 1775.96 = .35 \times \$ 50,884 = \$17,630.$$

$$\$22,911 + \$17,630 = \$40,541.$$

Start Up Costs: The mainframe would be programmed to recognize when a certification was generated from an AC. It would be programmed to place an indicator on the cert. The certification would be revised to ask the claimant who he/she worked for during the weeks.

The scanner would be programmed to recognize the indicator, look for earnings and sort these into a separate pocket for verification.

First week of earnings in a claim series

Annual Costs:

149 first weeks with earnings in a claim series in the sample.

$$\frac{1,678,636}{6580} \frac{\text{weeks compensated in 1990}}{\text{weeks compensated in the sample}} = 255.11$$

$149 \times 255.11 = 38,011$ (number of first weeks with earnings in a claim series.)

<u>Task</u>	<u>Who</u>	<u>Time per each</u>	<u>How many</u>	<u>Total min</u>
1. send 354	office spec 2	1 min	38,012	= <u>38,012</u>
2. Review ret'd 354	office spec 2	15 sec.	$38,012 \times .798$ (% ret'd) $= 30,333 \div 4$	= <u>7,583</u>
3. Determine effect of discrepancies on WBA.	office spec 2	1 min	33 (1st wk OPS + UPS) + 14 wks w/\$ wrong, but not affecting WBA) $\div 75$ (# 1st wks w/\$ verified) = $.63 \times 30,333 =$	<u>19,009</u>
Total Office Spec 2 minutes				= <u>64,604</u>
4. Send 354A	JSR	1 min	$13,347 + 667$	= <u>14,014</u>
5. Do calc. & 63p	JSR	1 min	33 (1st wk \$OP + UPS) 75 (#1st wks w/ \$ verified) $\times 30,333$	= <u>13,347</u>
6. Investigate in more detail	JSR	10 min	$.05$ (est % needing more invest) $\times 13,347 = 667 \times 10$ mins	= <u>6,670</u>
Total JSR minutes				= <u>34,031</u>

Office Spec 2

$$64,604 \div 60 \text{ min} = 1076.73 \div 1775.96 = .61 \times \$37,900 = \$23,119$$

JSR

$$34,031 \div 60 \text{ min} = 567 \div 1775.96 = .32 \times \$50,884 = \$16,250$$

$$\$23,119 + \$16,250 = \$39,369.$$

Start Up Costs: The mainframe would be programmed to place an indicator on the next cert generated when a cert is claimed without earnings. The certification would be revised to ask the claimant who he/she worked for during the weeks.

The scanner would be programmed to sort out the certs with indicators that also have earnings. These would be sorted into a special pocket of the scanner.

Detach

Staple or tape here after detaching

TO THE EMPLOYER:

The Employment Division routinely verifies the wages and days worked reported by claimants. This is done to assure correct payment of Unemployment Insurance Benefits. Please provide the information requested below. Thank you for your help and interest in the Unemployment Insurance Program. Remember, your local Employment Division Office can help you find qualified applicants for available jobs.

Fold here

**STATE OF OREGON
EMPLOYMENT DIVISION
DEPARTMENT OF HUMAN RESOURCES**

L.O. No. _____

BYE _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

S.S. Acct. No. _____

is claiming unemployment benefits and has reported earnings from employment with your firm. Please indicate the exact dates the claimant worked during the week(s) and the exact amount of gross wages earned by this individual for the week(s) below.

	Days Worked?	Gross Wages
Week of _____ Through _____ (Wk. No. _____) From _____ Through _____		\$ _____
Week of _____ Through _____ (Wk. No. _____) From _____ Through _____		\$ _____
Was the individual terminated for any reason other than lack of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the individual refuse any offer of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Explain "Yes" answer(s) _____

Employer _____ Title _____

Address _____

1024

NAME	SSN	BYE	EO	WEEK 1 ENDING DATE	WEEK 2 ENDING DATE

PRINT FIRMLY LIKE THIS

0	1	2	3	4	5	6	7	8	9	X
---	---	---	---	---	---	---	---	---	---	---

Complete with #2 PENCIL ONLY

Answer All Questions For THE WEEK, OR WEEKS, BEING CLAIMED.

1. Did you refuse work or quit a job or were you fired from a job?

2. Did you travel, or were you away from your normal labor market for 3 days or more?

3. Were you ABLE, AVAILABLE and LOOKING FOR WORK as directed by the Division?

WEEK 1		WEEK 2	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE THE FOLLOWING:

4. During WEEK 1, did you work?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I worked

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

hours and earned

\$

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. During WEEK 2, did you work?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I worked

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

hours and earned

\$

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you have returned to work, complete the following:

A. Employer Name and Address:

MONTH-DAY-YEAR

B. Date you returned to work:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I submit this form to claim benefits and certify the answers given above are true and accurate to the best of my knowledge. I am aware that I may be penalized for giving false answers and for withholding information.

Sign Here:

Date:

State of Oregon

EMPLOYMENT DIVISION

Department of Human Resources

REPORT FORM 357-RM (11/90)

CH-064

STATE OF OREGON
EMPLOYMENT DIVISION
QUALITY CONTROL UNIT

QUALITY IMPROVEMENT PROJECT

USE OF COMPUTER LINE FLAG
IN THE DETECTION/PREVENTION
OF BENEFIT MISPAYMENT

Chris Demarest
October, 1991

Contact: Jim Moseley, Quality Control Supervisor
Tel. No.: 503-373-7963

Oregon Employment Division
UI Quality Control
875 Union St., NE, Room 201
Salem, OR 97311

I. Introduction

Oregon's Quality Improvement Project (QIP) selected the line flag process for study because of indications that it was not controlling unemployment benefit mispayment as effectively as it could. Specifically, field experience and review of Benefit Payment Control (BPC) cases suggested that field staff were not using the line flag to stop payment whenever possible. At least, there was disagreement or misunderstanding about when payment could be suspended without violating the claimant's right to due process. In addition, there were other questions about what and when to flag that might be resolved with the aim of reducing payment errors.

The line flag is an indicator which can be placed on the computerized claim record. Its purpose is to alert the field office when an eligibility issue exists which requires resolution, either immediately or in the future.

Two kinds of flags are available. The field office can suspend payment with the flag ("D" flag) or use the flag for information ("C" flag) without affecting payment. When the informational line flag option is used the claimant is not aware of the flag unless it prompts the field office to contact the claimant for further investigation of the issue. If the line flag suspends payment, the claimant is sent a computer message instructing him/her to contact the office regarding the problem.

The flag can be set to cover any claim weeks at issue. When a claim is processed for a flagged week, the flag message is displayed on the claim record. However, the flag may be obscured by another higher priority message affecting the same week(s). The line flag can be set up to specify the issue to be investigated.

According to current policy, payment may be suspended only for the specific time period at issue and only when sufficient information exists to require a denial of benefits. A formal, appealable nonmonetary determination must be issued promptly after payment is suspended. There are few other specific directions for line flag use. The field offices have been given a large degree of discretion regarding line flag use in order to make it as flexible a tool as possible.

The problem was that we had no measure of how the system was being applied nor of its effectiveness in controlling mispayment. With these concerns in mind, the study goals were to 1) define current practice 2) measure current practice in terms of correct payment of benefits and 3) recommend system improvements if warranted by the study results.

II. Methodology

The sample of 243 cases was selected using a computer list that displays continued claims which have a line flag. 12 cases could not be investigated because of missing documentation, reducing the sample to 231 cases. The statewide list was obtained for weeks 11, 13 and 15 of 1991. By selecting the sample from this time period, QIP hoped to get a broad sampling of all types of line flags but also include claims flagged for school employee eligibility issues and student eligibility issues since the period covered a school recess and the beginning of a new school term.

The computer list tracks the number of days that each claimed week has been displayed. In order to avoid duplication, the list was narrowed to only those flagged weeks with a day one count. Weeks with flags unique to certain programs, i.e. "QC Stop" or "No IB1", were excluded. Also excluded were weeks claimed on a benefit extension program in effect at the time. These claims were not representative because of the different eligibility requirements and the fact that the extension was in effect for only a brief period.

The cases were then randomly selected from the flagged weeks remaining on the computer list. A case was an unemployment claim with one or more flagged weeks on the final list.

QIP surveyed the field offices to determine local line flag policies and procedures. 20 of 28 offices responded to the survey. The survey also solicited ideas for system improvement. Suggestions received are listed in Attachment 1.

A data collection instrument was designed. The case data was gathered from computer records and by review of paper claim files. QIP staff either visited or phoned all field offices to gather necessary data.

For each case, the details of the flag were noted i.e., flag type ("C" allowing payment or "D" suspending payment), the time period affected by the flag, the date the flag was entered and the flag code or issue. Each flag was assessed for correctness. Issue resolution and impact on benefit payment were also documented. All the data was encoded and entered into a database designed for the study to aid in analysis.

Several problems with this methodology should be noted. First, computer flags can be obscured by other system messages of a higher priority. Such cases would not be selected with the sampling technique used. However, it is likely that any obscured flags would be much the same as those selected for the sample and would not, therefore, lead to any qualitative change in study findings. Projections may be low because an unknown number of cases in the sample period were obscured by other messages.

It is also important to keep in mind that this study did not measure how often issues are detected but not flagged. Therefore the findings only reveal how the flag process is used when it is used.

III. Findings

Of 231 cases examined, 131 or 56.7% were found to have errors. In this context, error does not necessarily mean mispayment. A flag was found to be in error if it violated written policy, procedure or accepted practice. There are few specific directions on line flag use. Proper use is often decided by individual field offices. Therefore, QIP assigned error only when correct procedure or practice was clear.

Errors were evaluated first for any significant impact on proper benefit payment. QIP also examined errors for patterns of unnecessary use of flags that might be controlled to save staff time. Certain errors were identified as unique to particular field offices.

QIP also observed whether or not the line flagged issue was ever resolved. 51 cases (22%) of the sample were never resolved by the field offices over a period of five months. 35 of these cases had a flag error but the impact on benefit payment could not be assessed. This reduced the number of cases in the sample on which mispayment could be measured to 180. QIP chose not to intervene and pursue resolution of these cases for two reasons. First, cases were evaluated several months after the flags were identified. The second reason was that, in 41 of the 51 cases, the field office staff had made a deliberate decision to ignore the flags for several reasons. This situation and the other major findings are discussed in more detail in the following sections.

A. Overpayments related to the line flag process.

The study found that an insignificant number of line flagged issues result in overpayment. Only 8 (4.4%) of 180 resolved cases in the sample had overpayments. Only 2 of the cases with overpayments could have been controlled by a different use of the line flag.

In 6 of these cases, the overpayment was not controllable by the line flag. In 2 cases (1.1%), the overpayments resulted from the findings that the claimants were ineligible because of school attendance which caused them to be unavailable for work. The eligibility issue was detected before any affected benefits were claimed. The line flags in both cases were set effective the first week of the school term. This was correct according to written procedures. However, it has been common practice in some field offices to place the flag slightly in advance of the claim period at issue so that factfinding can be completed and overpayment can be minimized in the cases where disqualification results. It is estimated that \$11,303 are overpaid annually under these circumstances.

B. Suspension of benefit payment without due process.

This study originated with the theory that field offices were not using the line flag to stop payment and control overpayment as often as possible. Study results indicate that the opposite is true. 44 (19%) of 231 cases in the sample had \$11,277 suspended in error.

This group consisted of eight different line flag error types. The error types by percent of dollars suspended in error are displayed in Attachment 2.

Two of the eight error types caused 59.5% of the dollars underpaid and 63.6% of the underpaid cases in the sample. In addition to their high rate of occurrence, these two error categories are significant because they are most likely to be correctable. These are errors of commission whereas the remaining error types are primarily the result of carelessness or oversight.

The two major error types were 1) Using a "D" or suspending line flag when a "C" flag was appropriate and 2) Suspending payment while giving the claimant a second chance to submit an Eligibility Profile (Form 1738).

1. The use of "D" instead of "C" flag errors did not appear to be unique to any particular field office nor did these errors correlate to any particular eligibility issue. Therefore, this error type seems to be primarily due to

misunderstanding of how line flag use relates to preserving claimants' rights to due process. QIP estimates that this type of error occurs 2251 times annually resulting in \$424,339 being temporarily withheld from claimants in violation of due process.

2. The second major error type was related to the Eligibility Review process. Oregon law and administrative rules allow the Agency to require claimants to submit specific information pertinent to their benefit eligibility and to find them ineligible if they fail to comply. Benefits are restored when the claimant complies, if otherwise eligible.

Claimants are periodically sent an Eligibility Profile (Form 1738) as part of the Eligibility Review process. The form is sent to the claimant with instructions to complete and return it within five days or benefits will be denied. The field offices are able to monitor a computer record to detect those cases where the form has not been returned. The field offices may issue a nonmonetary determination denying benefits or give the claimant a second notice to respond before issuing a denial.

A "D" line flag can correctly be placed on any claim effective the week the claimant should have submitted the completed form and did not. In this scenario, further payment may be suspended legitimately because conditions exist sufficient to disqualify. No additional factfinding or notice is required. As long as the nonmonetary determination is issued promptly, due process rights have been preserved. If the claimant submits the Form 1738 after a formal determination has been issued, that determination must be reversed and benefits restored.

The line flag error related to this process occurred in only three field offices. The procedure followed in the three offices seemed to be designed to avoid writing nonmonetary determinations which often must be nullified. Reversal of such determinations is often necessary because many claimants are prompted to respond when benefits are denied. In these three offices, staff placed a "D" line flag effective the week the claimant should have submitted the form. However, they did not then issue a nonmonetary denial. Instead, they sent the claimant a second notice and Form 1738. In the instances where the claimant did not respond to either notice, benefits were formally denied effective the week the first form was due. (See Attachment 3A.)

On a practical level this procedure is effective. There were 18 cases which were flagged in this way. Only two cases resulted in a denial of benefits. The advantage of the procedure is that claimants are prompted to comply but no nonmonetary determination has to be written (or reversed when the claimant provides the required information).

The error is that the claimants' due process rights are violated. Essentially, this procedure extends the claimant's time to provide the form. Until that extended time has lapsed without compliance, the claimant is eligible and benefits may not rightfully be withheld.

QIP estimates that this error would occur 1928 times annually and \$570,688 would be suspended in error. It should be noted that a formal denial could correctly be issued immediately after the first deadline passed without affording the claimant a "second chance". If this were done, as it is in some field offices, no due process error would occur but the effect on the claimant's payment would be the same. Another acceptable alternative would be to offer the "second chance" without suspending payment until the claimant was due to respond to the second notice and failed to do so. (See Attachment 3B)

The remaining six error types where benefits were improperly suspended are listed below in order of the percent of mispaid dollars in the sample attributable to each error category.

*Issue resolved-flag not inactivated	16.7%
*Unnecessary flag-no issue	9.8%
*Failed to update obsolete flag at AC/RO/Transfer	5.7%
*No documentation of reason for flag	5.3%
*Unnecessary weeks flagged-9999	2.4%
*School employee-flagged more than recess period	.2%

A "D" line flag was properly used in all of these cases but payment was improperly suspended due to these other error types.

IV. Other Observations

In order to evaluate the line flags in the sample, QIP had to examine some field office procedures which incorporate line flag use. This led to several observations which, although somewhat beyond the scope of this study, are important to note.

A. Procedural inequities and inconsistencies in registering claimants with the Employment Service(ES).

There were 27 cases in the sample with the line flag message "Register with Employment Service". These cases occurred in three field offices. In order to evaluate the use of this flag, the specific ES registration requirements and procedures used in the field offices had to be determined.

Information on this process was gathered from 19 field offices. 3 offices did not require ES registration. In 10 offices, claimants were ES registered using the initial claim application. No additional requirement was placed on the claimant. 3 other offices followed this same procedure for new claimants who were not job-attached but required in-person registration for job-attached claimants if the job attachment ceased. In these three offices and one other which required that all claimants register in-person, a potential denial of benefits for failing to comply was implied although specific policy was not clear. Finally, at least 2 offices required in-person registration or the completion of an extra registration form and explicitly stated their policy of benefit denial if the claimant failed to comply.

It appears to be the intent of the Agency to ES register all claimants who are not job-attached. However, the specifics of how this is accomplished are left to the individual field offices to determine. Forms and computer screens have been designed to enable field offices, if they choose, to register claimants for UI and ES services in one step. While many offices choose this one step process, others find it administratively cumbersome and place the burden of ES registration on the claimant. The result is that claimants are treated inequitably for somewhat arbitrary reasons.

B. Procedural inequities and inconsistencies in the use of the Eligibility Profile (Form 1738).

The Eligibility Profile was designed to be used as part of the Eligibility Review process. The original intent was that a claimant would be required to complete and submit this form when the Agency determined, based on labor market factors, that the

individual should have found employment and had not. The completed form allows the field office to detect any barriers to employment and either assist the claimant in eliminating barriers or deny benefits if the claimant is found ineligible.

Very few offices use the 1738 to conduct eligibility reviews any longer. Currently, the form is used to periodically spot check claimants' eligibility in more depth than the continued claim form (357) allows. The problem this study found is that use of the 1738 varies greatly among the field offices.

Most offices use the 1738 but a few do not. There is great variety in the procedures followed when the claimant is required to submit the form and fails to comply. The result of these inconsistencies is that claimants are treated very differently depending on where they have filed their claim. These differences seem arbitrary and unjustifiable especially when they occur within the same labor market. The Eligibility Profile process should be reevaluated and made more uniform in light of its current purpose.

C. Failure to resolve line flagged issues.

As stated previously, 51 cases or 22% of the sample cases were never resolved. It was expected a few flags would be missed but 41 of these cases occurred in only two field offices indicating a significant problem. One office had been ignoring all or most line flags for some period of time. The other office with significant errors of this type was ignoring all line flags indicating "Form 1738 Due". That office was having difficulty managing the 1738 process and had ceased to act on these flags until order could be restored. In both offices, the supervisors were aware of the problem.

D. Use of "D" flag when claimants' legal work status expires during the benefit year.

Regarding non-citizens who file for UI, the Benefit Manual (110.1) instructs field staff to "Enter a D line flag on the computer for the week following the expiration of the claimant's legal work status."

This instruction is inconsistent with other instructions which prohibit use of the "D" flag for issues affecting future weeks. This instruction, if followed, could lead to inappropriate suspension of benefits. The study found that one office did not follow these instructions but rather used "C" flags instead.

V. Recommendations

A. Instruct claimstakers to set line flags two weeks prior to the week school will start when the claimant indicates future plans to attend school.

The study found that an estimated \$11,303 are overpaid annually by setting the line flag effective the week school will start. The Benefit Manual (1613-11) instructs claimstakers "to line flag the claim for the approximate week school will start". By modifying the line flag procedure so that the flag is set two weeks prior to school, the issue can be investigated before any affected weeks are paid. Depending on field office compliance with the change, this overpayment cause can be eliminated at no administrative cost.

B. Consolidate and disseminate specific instructions with examples of when to use "C" vs. "D" line flags.

According to field office response to the study survey, supervisors have a solid understanding of appropriate use of "D" line flags in most cases. However, the study revealed a significant (28.8% of mispaid cases in the sample) inappropriate use of "D" line flag to stop payment before information had been obtained to justify a benefit denial.

QIP found general instructions on "D" vs. "C" line flag use in the Benefit Manual and in the Terminal Users Guide (TUG). The instructions found in the Benefit Manual (226) are embedded in a discussion of due process. The TUG contains detailed line flag instructions with a very simple "D" vs. "C" rule.

A problem with the current instructions may be their location. The Benefit Manual instructions are incorporated in a somewhat sophisticated discussion of nonmonetary determinations and due process. The TUG line flag instructions are simple and specific but, QIP believes, the TUG is not a frequently used resource. Also, the two sets of instructions are not entirely consistent. Finally, the Benefit Manual Alphabetical Index entry for Line Flag refers to section 134 which contains no instructions for line flag use.

To summarize the problem, the instructions are scattered throughout the procedural guides, not easily referenced and too complicated. QIP recommends consolidating and expanding line flag instructions in the Benefit Manual. The instructions should include a simple but detailed explanation of "C" vs. "D". It is also suggested that initial UI training courses for line staff incorporate this instruction.

There would be no new administrative cost to implement these recommendations.

C. Provide specific instructions to establish uniform administration of Eligibility Profile-Form 1738 process.

The study showed that field office administration of the Eligibility Profile process varied greatly from office to office. This lack of uniformity causes claimants to be treated very differently without justification. Claimants experienced a range of requirements and sanctions from no requirement to benefit payment suspension or denial depending on the 1738 procedures in their local field office. This study found three offices following a procedure which denied claimants due process.

The problem is attributable, in part, to a lack of detailed instruction to guide field offices on issue detection and resolution when the claimant fails to provide the 1738. The TUG instructions detail only how the computer screens for this process work. Benefit Manual sections 151 and 340.3 have only minimal instruction for this process.

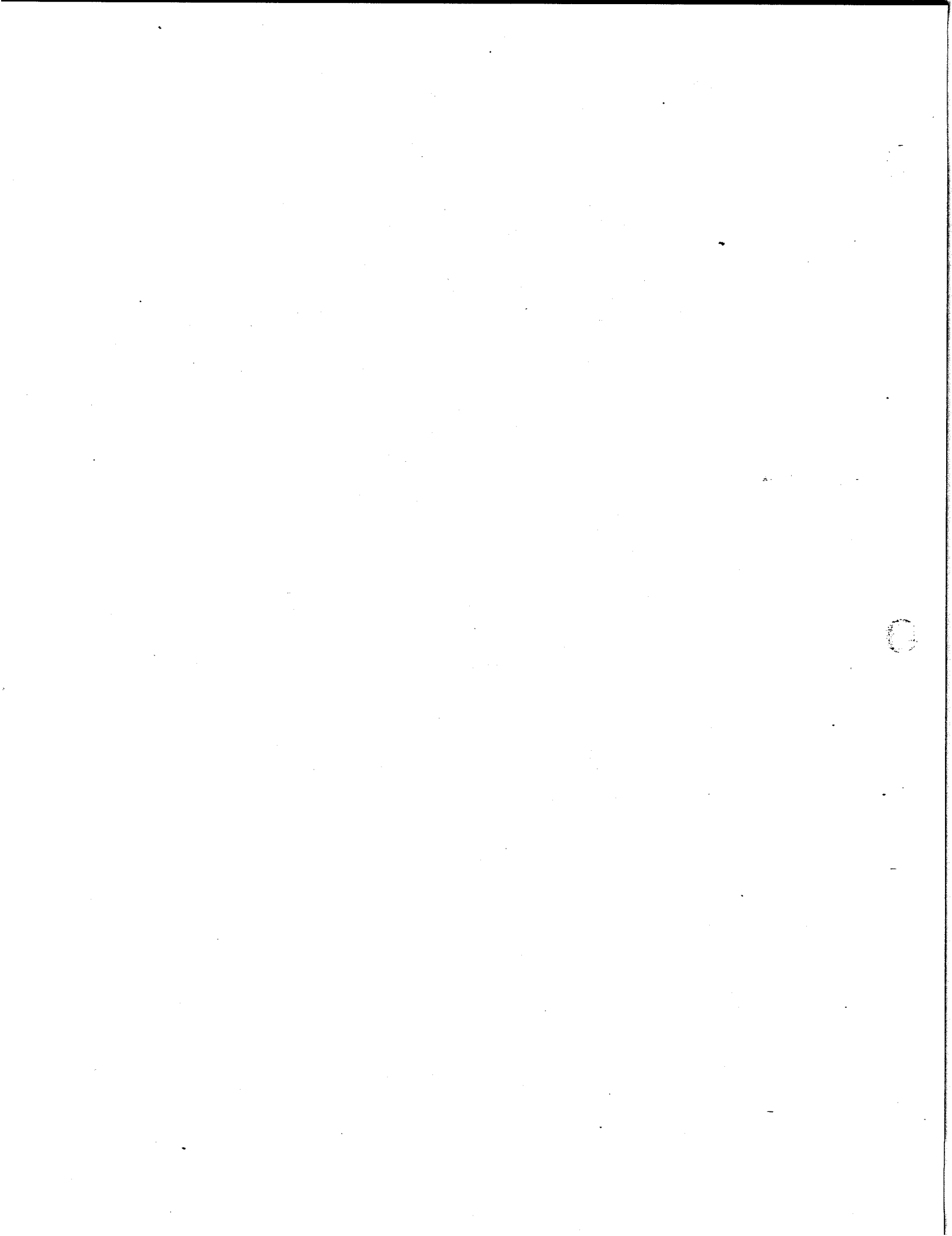
QIP recommends that uniform procedures be developed in order to eliminate the arbitrariness and inequity of current practice. These procedures could be crafted with the assistance of field office staff. QIP takes no position on what the specific procedures should be except that they should be reasonable, consistent and afford claimants due process.

D. Update instructions to the field to guide the ES registration process.

This study found inequities in the requirements placed on claimants to register with the Employment Service. It has been possible for some time to register claimants with the Employment Service using the information provided on the Application For Service (Form 1613). Most offices accomplish ES registration without placing additional requirements on the claimant.

However, some offices were found to require claimants to register in person or take other steps in addition to completing the Application For Service. At least two offices denied unemployment benefits if claimants did not comply with these additional requirements. Since such requirements are no longer necessary except for administrative ease, these benefit denials are inappropriate.

QIP recommends offering instruction and other aid to field offices to make ES registration procedures more uniform and equitable. Efforts should be made to relieve our customers of these additional registration requirements thereby eliminating unnecessary benefit denials.

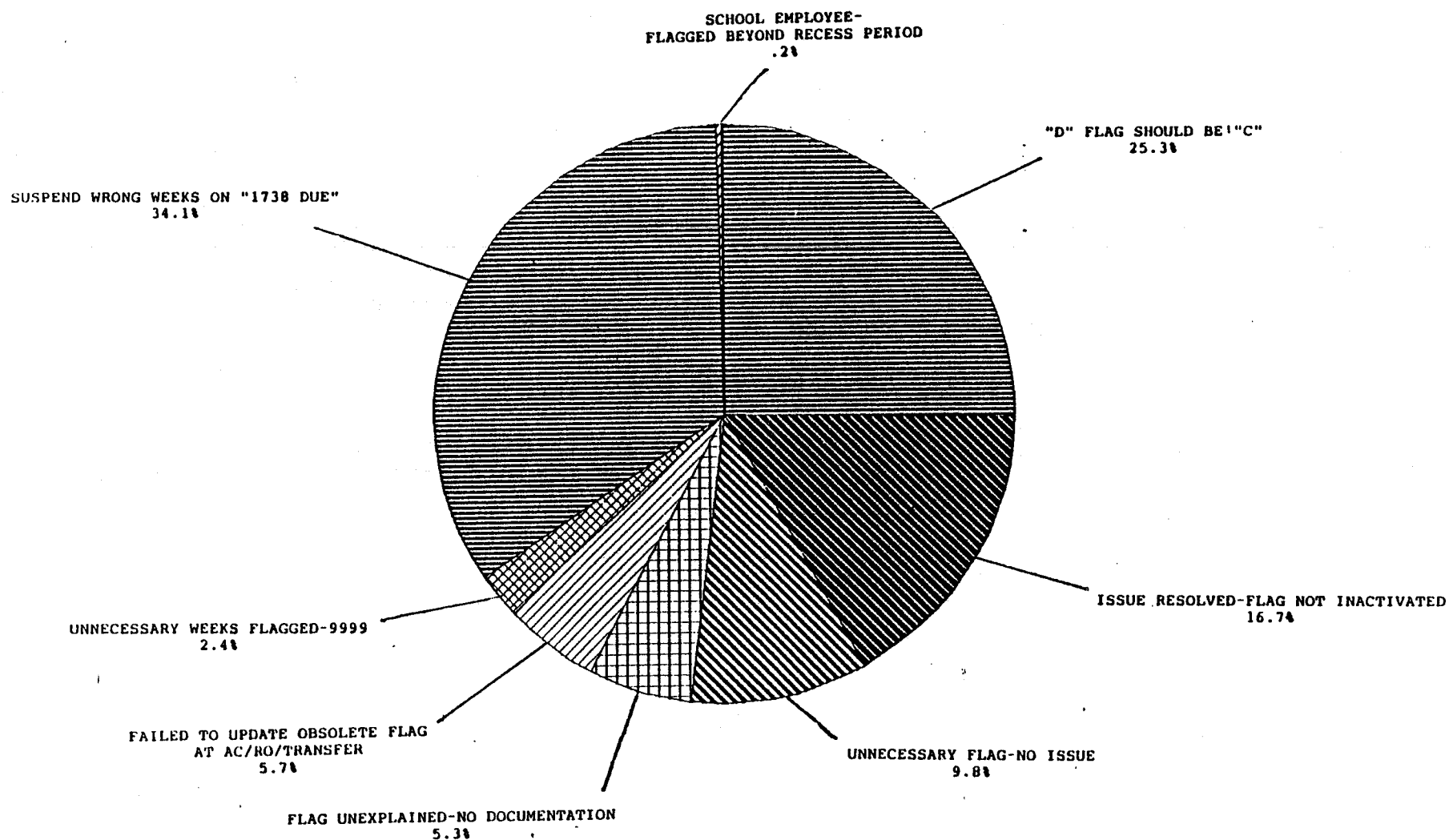


FIELD OFFICE SUGGESTIONS
QIP LINE FLAG STUDY SURVEY

1. More automated-example: system puts holiday pay flag on for all claimants from specified employer.
2. Simplify method to reset waiting week-too cumbersome.
3. Add more flag codes.
4. Provide a way to explain the flag in the system-a comments/summary entry.
5. Add "Failure to Apply When Referred" line flag code.
6. Change system so line flags are not obscured-"like reporting requirements issues are now".
7. Add "Check Alien Status" or "Alien Status Expired" line flag code.
8. Make line flags carry over from old claim to new claim including nonvalid claims-like disqualifications do now.
9. Add "Weeks Claimed Prior" line flag code for when late report creates a break in the claim series (more than 14 days late).

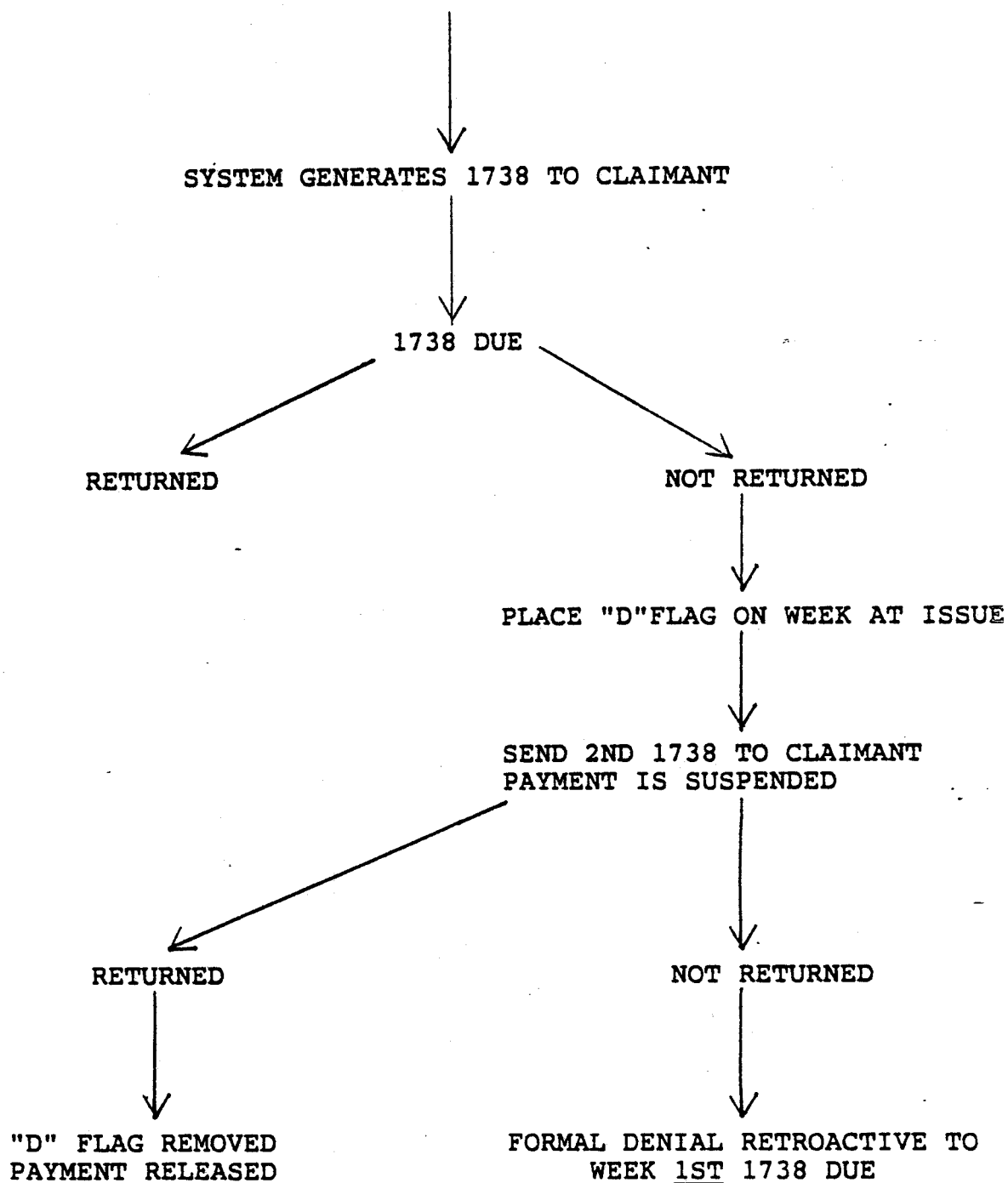
Improper suspension of payment

PERCENT OF DOLLARS IMPROPERLY SUSPENDED IN SAMPLE BY ERROR TYPE



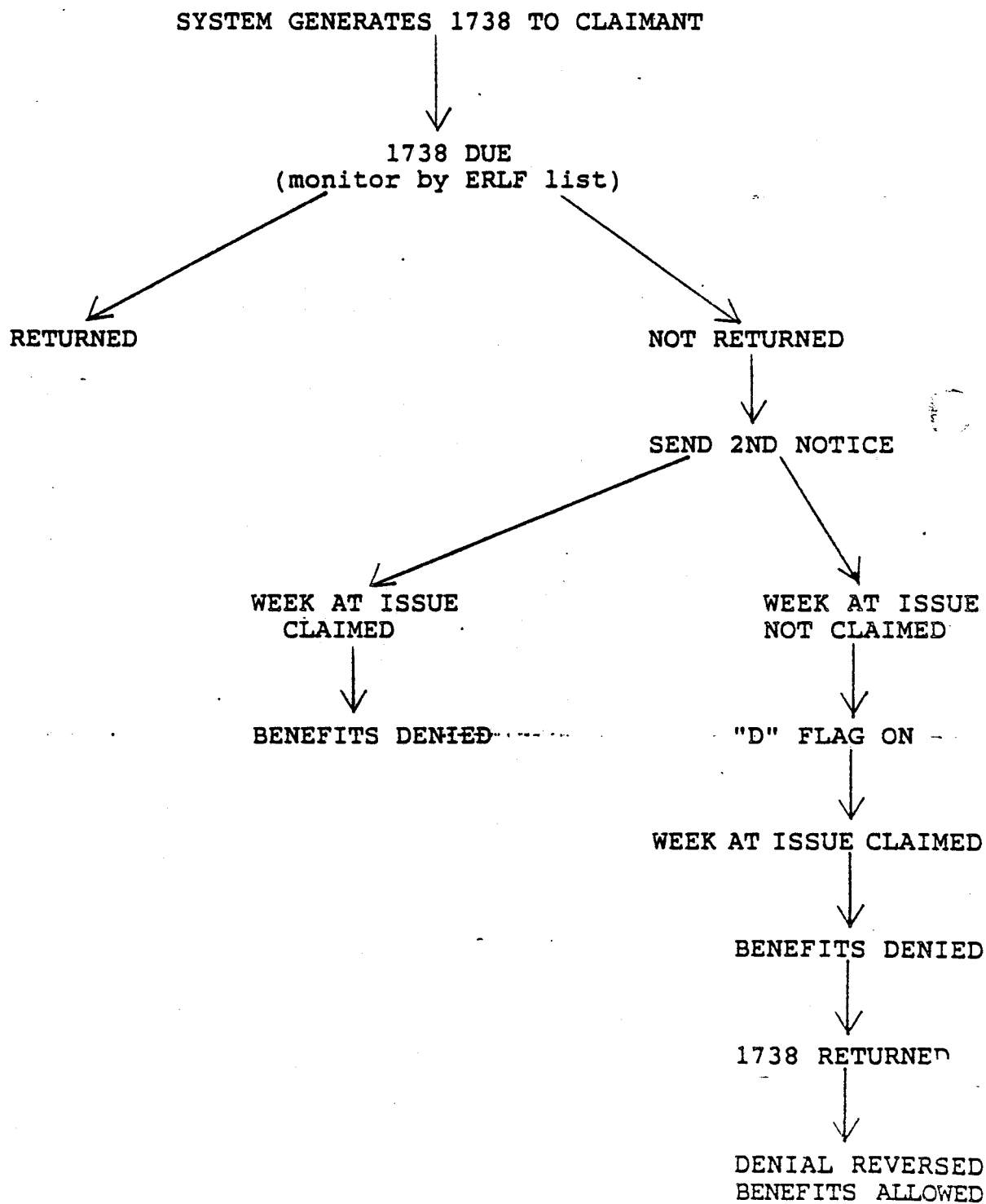
HANDLING "FAILURE TO PROVIDE 1738" ISSUES

IMPROPER PROCEDURE
(Caused payment error in sample).



HANDLING "FAILURE TO PROVIDE 1738" ISSUES

ALTERNATIVE PROCEDURE



LINE FLAG ERRORS

Total cases in sample = 231

Total cases with error in sample = 131 or 56.7% of total cases

	<u>#</u> <u>CASES/%</u>
1. Unnecessary weeks flagged-prior to issue	24/18.3%
2. "D" flag should be "C"	18/13.7%
3. Suspend wrong weeks on "1738 DUE"	16/12.2%
4. Not set prior to week at issue-school attendance	15/11.4%
5. Issue resolved-flag not inactivated	12/9.1%
6. Unnecessary flag-no issue	11/8.3%
7. "C" flag should be "D"	8/6.1%
8. Flag unexplained-no documentation	7/5.3%
9. Unnecessary weeks flagged-9999	5/3.8%
10. Unnecessary flag-week at issue already claimed	4/3%
11. Failed to update obsolete flag at AC/RO/Transfer	3/2.2%
12. Flagged wrong start week	2/1.5%
13. Wrong weeks flagged-key error	1/.7%
14. School employee-Flagged beyond recess period	1/.7%
15. Should have set earlier start week	1/.7%
16. Too many weeks flagged	1/.7%
17. Duplicate flag	1/.7%

CH-065

RETURN TO WORK

QUALITY IMPROVEMENT PROJECT

SOUTH DAKOTA UNEMPLOYMENT INSURANCE DIVISION

Prepared by Sharon Schnabel
September, 1991

Contact: Dennis Angerhofer, QC Supervisor
Tel. No.: 605-622-2005

South Dakota Dept. of Labor
UI Division, Quality Control
Box 4730
Aberdeen, SD 57402

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RETURN TO WORK STUDY

PURPOSE:

The purpose of the Return to Work Study was to discover if overpayments could be prevented or detected earlier through a system control which would remind claimants to discontinue filing and would request return to work dates and wages from both claimant and employer. Two forms, one to be used for claimants and another for employers, were designed which were tested as the system control.

The study was also expected to provide useful information concerning other areas of interest such as number of weeks claimed prior to a return to work and accuracy of recall information provided by the claimant or employer.

BACKGROUND:

According to Q.C. data, the second most prevalent cause of error in South Dakota is misreported/unreported earnings. Twenty-eight percent of the overpayment error rate for 1990 was due to misreported/unreported earnings. Only work search caused more dollars overpaid.

Earnings errors accounted for approximately 30% of the total overpayment error rate in each year since 1986. Unreported earnings as opposed to misreported earnings caused more dollars overpaid.

Q.C. data seemed to indicate that claimants who were exempted from Job Service registration and work search made more key week earnings errors than claimants who were not exempted from Job Service registration and work search. For the years 1986 through 1990, 8.8% of the claimants who were exempted reported earnings incorrectly; underreported or failed to report. This compares to 3.0% for claimants who were not exempted.

Approximately 47% of the actual dollars overpaid due to earnings for the same time period involved claimants who were exempted. This is a significant portion of the earnings error rate since the percentages of claimants who are exempted make up only 30% of all claimants.

Q.C. data also indicated that the Unemployment Insurance Division in South Dakota exempts approximately 30% of all claimants from work search and Job Service registration requirements. The recall employer is known for those claimants and it seemed logical and practical to test a system control with that group of claimants.

METHODOLOGY:

One of the purposes of this study was to test a system control. To do this, the study was designed using a random sample of a specific population (claimants exempted from registration and work search). The sample was then randomly divided into two groups. A comparison between the two groups was possible since it was expected that the two groups would be highly similar except for the affects of the system control. The group which would receive the system control was known as the test group. The remaining group was known as the control group.

Local office staff identifies the claimants who are required to register and look for work in the U.I. computer system. Based on that information, claimants exempted from registration during Spring, 1991 were identified.

This produced a list of 1611 social security numbers. Interstate, UCX, and UCFE claims were eliminated. If the last employer account number was non-existent or indicated a pool account, the claimant was eliminated from the study. Claimants who had exhausted their benefits, or been disqualified were also eliminated.

This left 1,497 claimants. A random sample of approximately 30% was made from this group. The resulting group of 397 claimants was randomly separated into a test group of 197 and a control group of 200.

For the test group, the local offices were asked to identify the recall employer and expected date of recall. Of the claimants in the test group, 114 had returned to work, been registered with Job Service, or had discontinued filing. The system control was applied to the remaining 83 claimants.

A similar number of claimants in the control group were also no longer "on call" at the beginning of the study. The final number of claimants in the control group was 94.

The claimants in the test group were mailed a form two weeks prior to their expected return to work date which reminded them to either discontinue filing or report gross wages if they intended to file for partial benefits. They were also told that their employer was notified. They were asked to complete and return the form after they returned to work, reporting return to work date and earnings for the remainder of that claim week.

The employers in the test group were mailed a similar form two weeks prior to the claimant's expected return to work date. They were asked to complete and return the form after the claimant returned to work, reporting the date the claimant returned to work and the earnings for the remainder of that claim week.

The system control was not applied to the control group. A normal cross match form was mailed to the employer at the end of the study period in order to develop overpayment information for comparison purposes.

During the study period, a weekly list of claims activity for both groups was generated. The list was used to track each claimant to determine whether they potentially returned to work, were disqualified, exhausted benefits, came to the end of the benefit year, were no longer "on call" or discontinued filing for unknown reasons.

TIME LINE:

Late Fall, 1990 - Discussion began on testing a system control using claimants with recall status.

Mid-February, 1991 - List of claimants exempted from registration and work search was produced.

Late February, 1991 - Test group and control group finalized. Forms developed and tracking system determined.

March 4, 1991 - Local offices provided information on the test group.
Study period begins.

March 14, 1991 - First batch of forms sent to claimants and employers.

June, 1991 - Study period ends. Cross match forms mailed to control group employers.

July, 1991 - Analysis of results began.

STUDY RESULTS:

A comparison of the final outcome for both groups indicates that the two groups were very similar. This was expected because the two groups were created through a random split of a random sample.

For the test group, the outcome was known for 96.4% of the claimants; 89.1% returned to work, 3.6% no longer had recall, 2.4% became ineligible due to ability and availability issue and 1.3% became self-employed. For the control group, the outcome was known for 88.3%; 84% returned to work, 3.2% became ineligible due to ability and availability issues and 1.1% became self-employed.

RETURN TO WORK PERCENTAGES:

79.5% of the claimants in the test group returned to work for their "on call" employer; 59% during the study period, 19.3% prior to the study and 1.2% after the study closed.

76.6% of the claimants in the control group returned to work for their "on call" employer; 61.7% during the study, for 12.8%, recall date was unknown at the close of the study, 2.1% returned to work for their "on call" employer after the study closed.

This indicates that the local office staff properly exempt, the majority of the time, claimants from registration and work search requirements based on the claimants expected recall to a former employer.

89.1% of the test group did return to work for some employer; the "on call" employer or another employer. 84% of the control group returned to work for some employer. A high percentage of U.I. claimants who expect recall to a former employer do return to work.

The percentage of claimants who are not "on call" and return to work is probably lower. However, the Agency can still assume that a reasonably high percentage of all claimants do return to work.

AVERAGE WEEKS FILED:

The test group filed an average of 9.58 weeks excluding weeks denied due to excessive earnings. The control group filed an average of 11.4 weeks. The average weeks claimed by all U.I. claimants during 1990 was 10.4. The average weeks claimed by all U.I. claimants for the first seven months of 1991 was 10.7%. Both groups varied from the average of 10.7%; the test group by 10.5% and the control group by 6.5%.

The difference between the test group and the total U.I. claimant population appears to be significant. The reason claimants in the test group filed for fewer weeks is not obvious from this study. The reason could be related to the system control or to an unknown factor or characteristic of either group.

Actually, a higher percentage of claimants in the test group filed for partial benefits for the last week claimed than in the control group. Fewer test claimants discontinued filing for unknown reasons more than one week prior to actual return to work date than in the control group.

EARNINGS:

41% of the test group did report some wages on the weekly claim form at some time during the study period. 44% of the control group reported some wages. 27.7% of the claimants in both groups reported earnings during the last week claimed. In the test group 15.6% reported partial earnings for the last week claimed and 12% reported excessive earnings. In the control group, 10.6% reported partial earnings for the last week claimed and 17% reported excessive earnings.

OVERPAYMENTS:

Two overpayments were established due to unreported earnings in the last claim week. One for each group; \$106 in the test group and \$140 in the control group. Both claimants were given four weeks of administrative penalty. For both overpayments, the employer provided wage information. The claimant from the test group did not return the test form. The claimant in the control group provided no recall or wage information on his last weekly claim form.

One other claimant in the test group was technically overpaid \$1.00 for the last week claimed. An official overpayment was not established due to the small amount.

The form used for the test group requested wages only for the remainder of the claim week after the date the claimant returned to work. The cross match form used for the control group requested information about a range of weeks.

An additional \$3.00 in overpayments was found in the control group for weeks prior to the last claim week. An underpayment of \$4.00 was also found. Official over-payments were not established nor was a supplement issued.

The crossmatch procedure is a major benefit payment control tool for detection of overpayments. However, it involves considerable lag time before detection of overpayments is possible. For a portion of the claimant population, the re-employing employer and probable recall date can be inferred. This study suggests that contacting recall employers shortly before the claimant is expected to return to work or shortly after the claimant discontinues filing may be an effective and timely procedure for at least a portion of the claimant population.

TEST GROUP RESPONSE:

For the test group, employers responded to the test form more frequently than claimants at 62.7%. Claimants responded 49.3% of the time. In total, a response by either claimant or employer or both occurred 73.5% of the time. Claimants may have provided the same information on the last weekly claim and so did not respond to the test form. This study did not look at the last weekly claim for the test group.

For 52.5% of the claimants in the test group, both claimant and employer returned the test forms. Of that group, the employer and claimant reported a return to work date within the same claim week 68.7% of the time. The claimant reported an earlier date 15.6% of the time or both parties reported that the claimant returned to work for another employer 6.3% of the time.

For the remainder of that group, the claimant gave a date later than the employer 6.3% of the time or the employer gave a date prior to the study 3.1% of the time.

The high percentage of agreement among the 52.5% in which both parties responded suggests that the accuracy of the return-to-work date for the remaining 47.5% may also be high. 68.4% of that group were employer responses which increases the likelihood of accuracy as well.

CONTROL GROUP RESPONSE:

For the control group, 76.6% of the employers responded to the cross match form. Claimants supplied some information on the last weekly claim 84% of the time. The employer responded to the cross match form and the claimant reported some information on the last weekly claim, 65.9% of the time. Employer familiarity with the crossmatch form may have contributed to the higher response rate in the control group.

However, there was a greater difference in return-to-work dates between the date supplied by the employer on the crossmatch form and the date supplied by the claimant on the weekly claim form. The employer and claimant gave a return to work date within the same claim week only 26.7% of the time. The claimant gave an earlier date 13.3% of the time, or both parties reported that the claimant returned to work for another employer 5.0% of the time.

For the remainder of the 65.9%, only one party gave a date 20% of the time and neither party gave a date 8.3% of the time. The information provided by the claimant and employer related to different periods of employment 25% of the time, and the claimant reported a date later than the employer 1.7% of the time.

Because the percentage of agreement for the 65.9% in which there was information from both parties is low, the return to work date provided by only one party (34.1%) can not be assumed to be accurate.

Among the control group, 84% of the claimants provided some information on the weekly claim form. 72.2% of the claimants provided the date of return to work, as well as the employer's name, 24% reported that they had returned to work but did not provide a date, and 3.8% reported returning to work for another employer. Of those who did not provide a date, only 10.5% provided wage information for the week claimed.

The high percentage of claimants who provided some information on the weekly claim form suggests that the weekly claim form could be a good source of information to verify wages and return to work dates. It also points out the necessity of providing a weekly claim form which makes reporting wages and return to work information convenient and easy.

COMPARISON: ACTUAL RECALL TO EXPECTED RECALL FOR THE TEST GROUP

21.2% of the test group returned to work for their "on call" employer during the week they expected to be recalled. In total, 75.7% of the test group returned to work for their "on call" employer during the week they expected to be recalled or before.

Of the remaining 24.3%, 75% were back to work for their "on call" employer within three weeks after their expected recall. This indicates that the majority of the claimants who expect to be recalled within ten weeks of filing their claim do return within the ten week period.

In total, 93.9% of the test group returned to work for their "on call" employer either before, during, or within three weeks after the week in which they expected recall.

During the three week period just before the week of expected recall and the three weeks immediately following the week of expected recall, 75.7% of the claimants returned to work for their "on call" employer.

The high percentage of claimants who return to work prior to or during the week of their expected recall and the accuracy of the recall date within a three week period indicates that claimants are reasonably accurate when they report that they have recall to a former employer and the date they expect to be recalled.

Present procedure, which requires that expected recall be documented and support exemption from registration and work search, appears to be effective. Many of the local offices verify recall dates with employers or require the claimants to provide documentation from the employer. Additionally, local office staff know the seasonal employers within their local market area.

Any changes to the exemption from work search regulation should not affect the accuracy of the expected recall date as reported by the claimant provided current procedures are maintained.

COMPARISON: DATE OF LOCAL OFFICE HOLD TO EXPECTED RECALL DATE FOR THE TEST GROUP

The local offices can place a hold on a claim if a claimant fails to report for a scheduled eligibility review or returns to work. The "Q" hold helps prevent overpayments by stopping payment to claimants when availability is in question and by preventing payment to claimants who do not report for an eligibility review because they are working.

For 28.9% of the test group, a "Q" hold was placed on the claim for the week of expected recall. In total, 59% of the claims were held before or during the week of expected recall.

Another 10.8% of the claims were held the week following the week of expected recall. This indicates that the local offices are paying close attention to scheduling eligibility reviews during the week of expected recall. In total, 69.8% of the claims were held before, during, or within one week after the week of expected recall.

An unusual thing occurred five weeks prior to the week of expected recall. 14.4% of the claims were held. Local offices usually schedule for the first eligibility review within two to four weeks of filing the initial or additional claim. The higher incidence of "Q" holds during the fifth week prior to the week of expected recall may represent holds placed after claimants failed to report for their first eligibility review.

16.8% of the claims were held five or six weeks prior to the week of expected recall. 13.7% of the test group returned to work during that same time frame. This is an indication that requiring an eligibility review of some type at the fifth week may help to prevent overpayment to claimants who have already returned to work.

COMPARISON: LAST WEEK FILED TO DATE OF LOCAL OFFICE HOLD

In South Dakota, a weekly claim submitted after a four week gap in filing weekly claims is denied. Claimants are required to report to their local office and reopen their claim.

In fact, the local offices placed a "Q" hold on approximately 95% of the claims in both the test and control group by the fourth week after the claimant discontinued filing.

Since the majority of the local offices stick to a five to six week schedule for eligibility reviews, this percentage is probably true for the group of claimants who are not exempted from work search also.

OBSERVATIONS:

* Currently, exemption from registration and work search is based on information from the claimant, the employer, or both. Many local offices require some type of documentation from the employer if they are not familiar with the employers situation. This study indicates that current procedures appear to be effective in identifying claimants who do have recall.

Additionally, the expected dates of recall provided by claimants and employers when the claim is filed are fairly accurate

* The test group of claimants filed for an average of 9.58 weeks. This average was lower than for the control group at 11.4 weeks and lower than the average duration of weeks compensated as computed using information from lines 301 and 303 on form eta 5159. This difference could be the result of the system control.

* There was a significant difference in return-to-work dates given by claimant and employer between the test and control group. The claimants and employers in the test group listed the same return-to-work date 68.7% of the time versus 26.7% for control group.

- * The system control does not appear to have discouraged claimants in the test group from filing for partial benefits for the last week claimed. A greater percentage of claimants in the test group filed for partial benefits for the last week claimed than in the control group and fewer claimants discontinued filing without explanation more than one week prior to expected date of recall.
- * One claimant in each group was held overpaid and administered a penalty. The overpayment amount in the control group was larger than for the test group. Since only one overpayment is involved, the larger amount of the overpayment in the control group may have no significance.

The study results do not support an assumption that asking claimants and employers to report date of return to work and earnings for the balance of the last claim week prevents overpayments. However, overpayments can be detected earlier than is currently possible using crossmatch procedures which affects recovery.

- * The study results suggest that if claimants fail to report earnings it is for the first week they return to work. Asking employers to report earnings at the time the claimant discontinues filing may be an effective overpayment detection procedure. It has the advantage of a much shorter time frame.
- * The response rate from employers for both groups was excellent. The forms used for the test group asked for information concerning a limited period of time. For the test group, when both claimant and employer responded to the forms, the date of return to work was in the same week approximately 70% of the time.

This was not true for the control group. When information was available from both employer and claimant, the date of return to work was the same only one-fourth of the time. This suggests that asking for limited information increases the accuracy of the response. The forms sent to the test group may be a more efficient method of determining date of return to work than the crossmatch form. Given the low amount of overpayment found in weeks other than the last week claimed for the control group, the employer test form may be just as efficient in detecting overpayments as well.

- * The claimants in the control group provided information on the weekly claim form 84% of the time. It is possible that claimants who are not "on call" provide information just as frequently. The study results suggest that the weekly claim could be used to verify return to work dates.
- * Periodic eligibility reviews appear to be an efficient method of stopping payments to "on call" claimants who have returned to work. The local offices appear to be scheduling eligibility reviews during the week the claimant expects to be recalled to work.

75.7% of the claimants in the test group returned to work before their expected date of recall. Having an eligibility review scheduled some time within the first ten weeks of filing results in "Q" holds for claimants who return to work early. This has the potential of preventing overpayments.

CONCLUSION:

The study did not confirm that the system control would reduce the number or amount of overpayments resulting from earnings errors. However, it is obvious that overpayments can be detected much sooner than is currently possible with the crossmatch process. This has overpayment recovery advantages.

The test form proved to be as efficient as the crossmatch form in detecting overpayments. The Agency may want to use the test form in lieu of the crossmatch for a specific group of U.I. claimants because it was accurate, had a good response rate and doesn't require employers to search for outdated records.

Claimants in the test group filed fewer average weeks although they appeared to continue filing up to the date of return to work. If the system control produced this result, potential overpayments may have been prevented. Further study of this subject is needed.

The study was conducted late in the season. A similar study should be conducted during the December through April time period so that the test forms could be applied to a larger group of claimants.

RECOMMENDATIONS:

- * Current procedures to identify claimants entitled to exemption and determine expected date of recall should be maintained if regulations are changed. The Agency should consider standardizing these procedures if changes to regulations result in more claimants exempted from work search.
- * Expected date of recall and recall employer should be added to the U.I. computer claim master for "on call" claimants. Last employer and an indication of the probability of recall should be on the claim master for all claimants who were laid off. Reports should be made available to the local offices to help them track "on call" claimants.
- * Eligibility review scheduling serves a useful purpose in regard to claimants who return to work. Whether the actual eligibility review needs to be comprehensive or done in-person is not clear. The Agency should consider testing alternative methods of conducting and alternative uses for eligibility reviews.
- * For claimants who do expect to be recalled, the Agency should consider sending a notice to those claimants a couple weeks prior to the expected date of recall and remind the claimant to discontinue filing.
- * The Agency should consider confirming return to work dates and earnings with employers based on information provided by claimants on weekly claim forms. The next revision of the weekly claim form should ensure that reporting the name and address of the employer when a claimant has returned to work is as easy as possible.

- * The Agency should consider providing a form to claimants so they can report their return to work. This form could be provided in the PAM 247 or given to the claimant by the local office at the initial interview.
- * The Agency should consider mailing a form similar to the form sent to employers in the test group. This process would detect overpayments earlier than the crossmatch process because it addresses a specific group of claimants, uses a simpler more specific form, and covers a specific time frame.
- * Q.C. data suggests that claimants who expect recall make more errors reporting earnings. Benefit Payment Control believes that many claimants fail to report earnings for the last week claimed or the first week claimed. The Agency should consider developing information from BPC overpayment files to help clarify whether claimants expecting recall make more errors and if the majority of overpaid dollars involve the last or first week claimed. Other valuable information could be developed as well.
- * The Agency should consider revising the 238U so that employers can report the last week of wages for claimants who reopen their claims after employment. The form currently requests separation information only. This could be the subject of a QIP study.

BREAKDOWN OF RESPONSES TO THE FORMS

TEST GROUP: Test Form to Claimant & Employer Number Percent

Form Returned by Employer	52	62.7%
Form Returned by Claimant	42	50.6
Form Returned by Either Claimant, Employer, or Both	61	73.5
No Form Returned by Either Party	22	26.5%

Form Received from Claimant and Their Return to Work Employer	32	52.5%
Recall Within Same Week	22	68.8%
Recall Dates Not in Same Week	8	25.0
Other	2	6.2
Only One Party Returned the Form	29	34.9%
Only Employer	20	68.9%
Only Claimant	9	31.1
No Response from Either Party	22	26.5%
Totals	83	100.0%

CONTROL GROUP: Crossmatch to Employer Number Percent

Form Returned by Employer	72	76.6%
Weekly Claim Submitted by Claimant Showed Work	79	84.0%
Weekly Claim Submitted by Claimant and Form Received from Employer	60	63.8%
No Form Returned by Either Party	3	3.2%

Weekly Claim Submitted by Claimant Showed Work and Form Received from Employer	60	63.8%
Recall Within Same Week	16	26.6%
Recall Dates Not in Same Week	19	15.0
Only One Party Gave a Date	12	20.0
No Dates Given	5	8.3
Dates Inaccurate	15	25.0
Other	3	5.0
Only One Party Returned the Form		
Only Employer	12	12.8%
Only Claimant	19	20.2
No Response from Either Party	3	3.2
Totals	94	100.0%

APPENDIX 1

<u>OUTCOME</u>	<u>Test Group</u>		<u>Control Group</u>	
	Number	Percent	Number	Percent
Return to "On Call" Employer	66	79.5%	72	76.6%
Return to Another Employer	8	9.6	7	7.4
Total that Returned to Work	74	89.1%	79	84.0%
Other:				
Self-Employed	1	1.3%	1	1.1%
No Recall	3	3.6	0	0
Recall Unknown	3	3.6	11	11.7
Eligibility Issues	2	2.4	3	3.2
Total	83	100.0%	94	100.0%

<u>Response Rates for the Test and Control Forms</u>	<u>Test</u>	<u>Control</u>
	<u>Percent</u>	<u>Percent</u>
Claimant and/or Employer	73.5%	N/A
Claimant Only	50.6	N/A
Employer Only	62.7	76.6
Information on Weekly Claim	Unknown	84.0

TEST GROUP

al Recall to Expected Recall Week

	PRIOR						RECALL WEEK	AFTER					
Actual No. Cumulative No.	5 5	4 9	3 12	13 25	7 32	4 36	14 50	4 54	2 56	6 62	0 62	3 65	1 66
Actual % Cumulative %	7.6% 7.6	6.1% 13.6	4.5% 18.2	19.7% 37.9	10.6% 48.5	6.1% 54.4	21.2% 75.7	6.1% 81.8	3.0% 84.8	9.1% 93.9	9.1% 93.9	4.5% 98.5	1.5% 100.0
	6 + Wks	5 Wks	4 Wks	3 Wks	2 Wks	1 Wk	X	1 Wk	2 Wks	3 Wks	4 Wks	5 Wks	6 + Wks

of "Q" Hold to Expected Recall Week

	PRIOR						RECALL WEEK	AFTER					
Actual No. Cumulative No.	2 2	12 14	0 14	2 16	3 19	6 25	24 49	9 58	3 61	4 65	3 68	5 73	4 77
Actual % Cumulative %	2.4% 2.4	14.4% 16.8	0% 16.8	2.4% 19.2	3.6% 22.8	7.3% 30.1	28.9% 59.0	10.8% 69.8	3.6% 73.4	4.8% 78.2	3.6% 81.8	6.1% 87.9	4.8% 92.7
	6 + Wks	5 Wks	4 Wks	3 Wks	2 Wks	1 Wk	X	1 Wk	2 Wks	3 Wks	4 Wks	5 Wks	6 + Wks



South Dakota Department of Labor
 UNEMPLOYMENT INSURANCE DIVISION
 420 South Roosevelt
 Box 4730
 Aberdeen, South Dakota 57402-4730
 Telephone (605) 622-2452

OUR RECORDS SHOW:

DATE: _____

IS EXPECTED TO RETURN TO WORK FOR YOU SOON.

INSTRUCTIONS:

- * Please keep this form with the claimant's personnel records until work resumes. Then complete the form giving the date the claimant returned to work and record the work and earnings for the balance of that week. Return the form by mail.

PLEASE COMPLETE THE INFORMATION FORM BELOW

[] The above-named employee returned to work on _____ (date of return to work)

Calendar Week Ending Saturday	Hours Worked Each Day This Week							Total Hours	Hourly Pay = \$	Total Gross Wages Earned This Week	Date Wages Paid
	S	M	T	W	T	F	S				

- *****
- * If this claimant is not returning to work for you, document the reason and return this form now.

Explanation: _____

 (Employer Signature)

 (Date)

 (Telephone Number)

PLEASE RETURN IN THE ENCLOSED POSTAGE PAID ENVELOPE

"WHERE QUALITY WORK IS EVERYONE'S JOB"



South Dakota Department of Labor
UNEMPLOYMENT INSURANCE DIVISION
420 South Roosevelt
Box 4730
Aberdeen, South Dakota 57402-4730
Telephone (605) 622-2452

DEAR CLAIMANT:

DATE _____

Our unemployment records show you are expected to return to work soon, and your employer is being notified.

This notice is to remind you to either stop filing when you return to work, or to report your gross earnings to the Unemployment Insurance Division if you file for partial benefits. Remember, wages must be reported to the Unemployment Insurance Division the week you earn them, regardless of when you are paid.

INSTRUCTIONS:

If you are not yet working, but will be soon, keep this form. Then, complete #1 below and return this form IMMEDIATELY, OR if you have already returned to work, complete #1 below and return this form IMMEDIATELY.

OTHERWISE;

If you are still filing and will not be going back to work for your employer, complete #2 below and return this form IMMEDIATELY, OR

If you have stopped filing for reasons other than work, complete #3 below and return this form IMMEDIATELY.

PLEASE COMPLETE THE INFORMATION FORM BELOW

1. I Returned to Work on _____. I am working (check one) ☐ Full-Time
(date of return to work) ☐ Part-Time
- Employer Name _____
Employer Address _____
Employer Telephone No. (____) _____
- I informed the Division about my return to work ☐ Informed Job Service Office
(check all that apply) ☐ Indicated my return to work on my continued claim card
☐ Other _____
(Please Explain)
- *****

2. ☐ I am still filing. I am not returning to work for my last employer. (Please explain)
- _____

3. ☐ I stopped filing for reasons other than work. (Please explain)
- _____

(Employer Signature)

(Date)

(Telephone Number)

PLEASE RETURN IN THE ENCLOSED POSTAGE PAID ENVELOPE

"WHERE QUALITY WORK IS EVERYONE'S JOB"

UI/QC CLEARINGHOUSE BIBLIOGRAPHY
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June 1992 Supplement

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MO	Missouri Dept. of Labor and Industrial Relations, Division of Employment Security, Quality Control Program Improvement Study: <u>Earnings and Benefits Crossmatch Study, February 1991</u> 24 pages plus appendices.	Tammy J. Berg, QC Research Analyst (314) 751-3654 Dept of Labor and Industrial Relations Quality Control Unit P.O. Box 59 Jefferson City, MO 65102
NV	Nevada Employment Security Department, Quality Improvement Project: <u>Mailed In Initial Claims December 1991</u> 43 pages including attachments.	Fred Suwe, QC Manager (702) 687-4531 NV Empl. Sec. Dept. Attn: UI Quality Control 500 East 3rd Street Carson City, NV 89713
OR	State of Oregon Employment Division, Quality Improvement Project: <u>Recomputation of Overpayment Recovery Rates</u> October 1991 72 pages including attachments.	Jim Moseley, QCS (503) 373-7963 OR Employment Division UI/Quality Control 875 Union ST., NE-Rm 201 Salem, OR 97311

OR State of Oregon Employment Division,
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attachments.

Jim Moseley, QCS
(address above)

RI Rhode Island Department of Employment
and Training, Quality Control Special
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